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SUBJECT:	Lot 29 LLC			
SOBJECT.	<u></u>	Name of Lim	ited Liability Company	• • • •
				•
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Richard S. Johnson		
			Name of Person	
		Richard S. Johnson P.A.		
			Firm/Company	
		107 N. Partin Drive		
			Address	
		Niceville, Fl 32578		
			City/State and Zip Code	
		richard@richardjohnsonlaw		
		E-mail address: (to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all:	
Richard Jol	nnson		850 279 6868	
•	Name of	`Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

Lot 29 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 27, 2015 and assigned Florida document number L15000073937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 242124 Enter new mailing address, if applicable: Montgomery Al 36124 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Bruce Houle	P.O. BOX 65P.O. Box 6556	□ Add
·		Mirimar Beach Florida 32550	■ Remove
			Change
Mgr	Thomas Johnson	2257 Taylor Rd. Suite 400	□ Add
		Montgomery, Al 36117	■ Remove
			Change
Mgr	Marc Evans	2257 Taylor Rd. Suite 400	
		Montgomery, Al 36117	Remove
			Change
Owner	Inlet Beach Holdings LLC	6925 Halycon Park Dr.	■ Add
		Montgomery AL 36117	Remove
			□ Change
			□ Add
		<i>i</i>	□ Remove
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Note: If the date insert	ed in this block do	oes not meet the a	applicable statute	ory filing requiren	ents, this date wil	inot be lis	sted as
document's effective da	ite on the Departi	ment of State's re	cords.			图式	t.i.**
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Typed or printed name of signee

Filing Fee: \$25.00