## 12200503191

Office Use Only



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Please use funds from this account: 120210000160: AMOUNT: #25. Authorization Signature: Jamtelle Inlet Yack Document # **BUSINESS NAME** L22000503191 \_\_\_Certified Copy of Articles \_\_ Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** Profit Corp Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent \_ \_Limited Liability Dissolution Domestication Merger Other Conversion CORP Amended and restated Articles LLLP **Statement of Authority** OTHER FILINGS REGISTERATION/QUALIFICATIONS Foreign filing Annual Report \_Limited Partnership Reinstatement Fictitious Name Other APOSTILLE Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309.

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

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| Please use funds from this account: 12021000016  Authorization Signature: | SU: AMOUNT: #                        |
| Inlet Yachts LLC  |                                      |
| BUSINESS NAME   | Document #                           |
| DOSINESS NAME   | L22000503191                         |
|   |                                      |
| Certified Copy of Articles  |                                      |
| Certificate of Status   |                                      |
| NEW FILINGS   | <u>AMMENDMENTS</u>                   |
| Profit Corp   | <u> </u>                             |
| Not for Profit  | Resignation of R.A. Officer/Director |
| Limited Liability   | Change of Registered Agent           |
| Domestication   | Dissolution  Merger                  |
| Other CORP  | Conversion                           |
| LLLP  | Amended and restated Articles        |
| <del></del>   | Statement of Authority               |
| OTHER FILINGS   |                                      |
|   | REGISTERATION/QUALIFICATIONS         |
| Annual Report   | Foreign filing                       |
| <del></del> ·   | Limited Partnership                  |
| Fictitious Name   | Reinstatement                        |
| APOSTILLE   | Other                                |
| Country   |                                      |

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: NET YACHTS UC  Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing  |
| Please return all correspondence concerning this matter to the following:   |
| JEREMY HOWARD  Name of Person   |
| INLET YACHTS, LLC   |
| 1040 CLEMONS ST   |
| Jesem 1 of the state and Zip Code  Jesem 1 of the State and Zip Code  Jesem 1 of the Letter of the Low Low Letter annual report notification)   |
| For further information concerning this matter, please call:  |
| JE.4MY DWARD at (561) 685-7371  Name of Person Area Code Daytime Telephone Number   |
| Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe |
|   |

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

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INLET YACH   | TS LLC  |                                      |
|--|---|--------------------------------------|
| (A Florida   | y Company as it now appears on our<br>Limited Liabibly Company) | records.)                            |
| The Articles of Organization for this Limited Liability Co.  Florida document number 472300503191          | ompany were filed on  | 29 2022 and assigned or              |
| This amendment is submitted to amend the following:  |   |                                      |
| A. If amending name, enter the new name of the limit   | ed liability company here:                                      |                                      |
| The new name must be distinguishable and contain the words "Limit  | ed Liability Company," the designation                          | "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |                                      |
| (Principal office address MUST BE A STREET ADDRI   | <u> </u>  |                                      |
|  |   |                                      |
| Enter new mailing address, if applicable:  |   |                                      |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                      |
|  |   |                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records,                                  | enter the name of the new registered |
| Name of New Registered Agent:  |   |                                      |
| New Registered Office Address:   | Enter Florida street  | address                              |
| <u> </u>   |   | Florida                              |
| <del></del>  | City  | Zip Code                             |

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.

If Changing Registered Agent, Signature of New Registered Agent

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

| Title       | <u>Name</u>           | Address          | Type of Action |
|-------------|-----------------------|------------------|----------------|
| MOR         | Sinko, Mike           | 1040 CLEMIN'S GT | □Add           |
|             |                       | 1/162, FL 53477  | TRemove        |
|             |                       |                  | []Change       |
| Mus         | Singo, Joseph Michael | 1040 CLEMONS ST  |                |
|             |                       | JULIER, FL 3547  | □Remove        |
|             |                       |                  |                |
|             |                       |                  |                |
|             |                       |                  | □Remove        |
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| ote:             | r the date   | f other the listed, the inserted is tive date o | n this                 | block de      | oes not i | meet i | ine appi      | icable.     | te of fili<br>statutor | ng or ma<br>y filing | re than<br>requi | (0<br>90 days<br>ements. | ption<br>after fi<br>, this c | ial)<br>ling.) P<br>late wi | ursvant<br>II not I | to 605.0<br>he listed | 207 (<br>Las tl |
| ecord<br>is file |              | a delayed                                       | effec                  | nve date      | , but no  | t an e | ffective      | time, a     | nt 12:0                | a.m. o               | n the e          | arlier o                 | í: (b)                        | The 9                       | 90th da             | y after t             | he              |
| nted             |              | 1722  | ا-ا <u>ن</u>           |               |           | 7      | 102           | <u>3</u> .  | 7                      |                      |                  |                          |                               |                             |                     |                       |                 |
|                  |              |   |                        |               |           |        | 7,            | 1.          | _/_                    |                      | -                |                          |                               |                             |                     |                       |                 |

Filing Fee: \$25.00