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LD5000057325

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(Address)

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CITY OF MIAMI
COUNTY OF MIAMI
FLORIDA

2014 JUL - 7 PM 4:16

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JUL 07 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Engineering Consultants, LLC

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:

John Sokolik

Name of Person

Pelican Engineering Consultants, LLC

Firm/Company

3073 Horseshoe Drive S, Suite 112

Address

Naples, Florida, 34104

City/State and Zip Code

john@pelicanengineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Lepore

Name of Person

at 503 703-2728

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pelican Engineering Consultants, 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 06/09/2005 and assigned
Florida document number L05000057325.

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 end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(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:

John Sokolik

New Registered Office Address:

Enter Florida street address

Florida

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.

John Sokolik
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEPORE, THOMAS J	3073 HORSESHOE DR. S, SUITE 112	<input type="checkbox"/> Add
		NAPLES FLORIDA 34104	<input checked="" type="checkbox"/> Remove
AMBR	LEPORE, NENA C	3073 HORSESHOE DR. S, SUITE 112	<input type="checkbox"/> Add
		NAPLES FLORIDA 34104	<input checked="" type="checkbox"/> Remove
AMBR	SOKOLIK, JOHN D	3073 HORSESHOE DR. S, SUITE 112	<input type="checkbox"/> Add
		NAPLES FLORIDA 34104	<input checked="" type="checkbox"/> Remove
MGR	SOKOLIK, JOHN D	3073 HORSESHOE DR. S, SUITE 112	<input checked="" type="checkbox"/> Add
		NAPLES FLORIDA 34104	<input type="checkbox"/> Remove
AMBR	LEPORE, BRIAN	6819 N SALEM AVENUE, #310	<input checked="" type="checkbox"/> Add
		PORTLAND, OREGON 97203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Remove

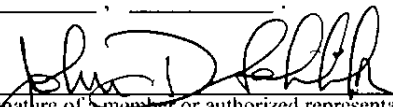
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 3, 2014



Signature of a member or authorized representative of a member

John D Sokolik

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA