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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
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OB SEP 15 PH 4: 00

J. BRYAN

SEP 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Con		1	
SUBJECT: Pelican	Harbor LLC		n
		ited Liability Company)	
	Amendment and fee(s) are sub	_	
	Barbara A. Napeloni		
		(Name of Person)	
	Pelican Harbor LLC		90 80 81 81 81 81
	T Cilcarriarboi EEG	(Firm/Company)	SEP
	5638 Cypress Creek Driv	re	OB SEP 15 PH 4: 00
	ood Oypicos Oreek Dire	(Address)	RP OR
	Grant, Florida 32949		F CORPORATIONS 15 PH 4: 00
	Grant, Florida 02343	(City/State and Zip Code)	o %
For further information	concerning this matter, please c	all:	
Barbara A. Napeloni		at (321) 956-0960	
(Name of Person)		(Area Code & Daytime T	elephone 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON SEP 15 PM 4: 00

Pelican Harbor 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 Li	iability Company	were filed on May 21, 20	08 and assigned		
Florida document number L08000050950	•				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applic	able:	4220 Dixie Highway N. E.			
(Principal office address MUST BE A STREET ADDRESS)		Palm Bay, Florida 3290	05		
Enter new mailing address, if applicable:		5638 Cypress Creek D	rive		
(Mailing address MAY BE A POST OFFICE BOX)		Grant, Florida 32949			
					
B. If amending the registered agent and/ registered agent and/or the new registered of			ords, <u>enter the name of the new</u>		
Name of New Registered Agent:	Barbara A. Napeloni				
New Registered Office Address:	New Registered Office Address: 4220 Dixie Highway N.E.				
		(Enter Flo	rida street address)		
	Palm Bay	***	_, Florida <u>32905</u>		
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Barbara A. Napeloni	5638 Cypress Creek Drive Grant, Florida 32949	Add Remove
MGRM	Carol D. Cline	2579 Diane Ave. S.E. Palm Bay, Florida 32909	Add Remove
MGRM	Richard Garvey	1740 Flamevine Place Malabar, Florida 32950	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Pelican Harbor LLC was sold to Barbara A. Napeloni of 5638 Cypress Creek Drive, Grant. Florida 32949 on September 10, 2008. As of this date Carol D. Cline and Richard Garvey no longer own or are members of Pelican Harbor LLC.			
Dated Sept	Carol D.	2008 Link member or authorized representative of a member	H L: 00
	Carol D. Cline	• •	
		Typed or printed name of signee	***

Page 2 of 2

Filing Fee: \$25.00