L080000 74050

€;		
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	- #)
(0	yrotator <u>a</u> lpri front	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	112.12.12
Certified Copies	_ Certificates	s of Status
F		
Special Instructions to	Filing Officer:	
·		

Office Use Only



500184513155

08/27/10--01023--017 **25.00

10 AUG 27 AM II: 31
SEUNE LARY OF STATE
SEUNE LARY OF STATE

COVER LETTER

	egistration Section vision of Corpor				
SUBJECT	:	Pelbay	Holdings LLC		
oom in	•		ted Liability Company		
i					
The enclose	ed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please retu	n all corresponde	ence concerning this matter	to the following:		
	-		Linda Dolan		
			Name of Person		
	Pelbay Holdings LLC				
			Firm/Company		
	204 37th Avenue N., Suite #139				
			Address		
	_	Sain	t Petersburg, FL 33704		
			City/State and Zip Code		
	_	jad	Inil@tampabay.rr.com to be used for future annual report notifi	action)	
For further	information conc	erning this matter, please co		cations	
		a Dolan	at (415-0696	
	Name of Pe	rson	Area Code & Daytime	e Telephone Number	
Enclosed is	a check for the fo	ollowing amount:			
▼ \$25.00 i	Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	1				

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

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

FILED

10 AUG 27 AM II: 31

, , , , , , , , , , , , , , , , , , ,	Pelbay Hold	ings LLC	SECRETARY	OF STATE
(Name of the Limited	Liability Company Florida Limited Li	y as it now appears ability Company)	on our records 55	E, FLORIDA
The Articles of Organization for this Limited Liability Company were filed on 8/1/2008				and assigned
Florida document number L08000074050 .				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here	:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limite	ed Liability Compan	y," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applic	able:	**************************************		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		5070 Shore Ad	cres Blvd. NE	
(Mailing address MAY BE A POST OFFICE BOX)		Saint Petersburg, FL 33703		
B. If amending the registered agent and/or the new registered of			r records, enter	the name of the new
Name of New Registered Agent:	Linda Dolan			
New Registered Office Address:	5070 Shore Acres Blvd. NE			
	Enter Florida street address			
	Saint		, Florida	33703
		City		Zip Code
New Registered Agent's Signature, if changing I	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

<u>or Man</u>	aging Member being added or rer	Members on our records, enter the title, name, and address of each Manager noved from our records:
MGR =	Manager I = Managing Member	
<u>Title</u>	· <u>Name</u>	Address Type of Action
MGR	Tim E. Dolan	5070 Shore Acres Blvd. NE ☐ Add Saint Petersburg, FL 33703 ☐ Remove
		Add Remove
-V-Server vo. Pd-Production		Add Remove
		Add Remove
		AddRemove
		AddRemove
D. If a	mending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
	Summary of changes:	
	1) New mailing address	F SE 6
	2) New registered agent	FIL FILAHASS
	3) Delete one MGRM	PP STEEL STEEL
Dated _	August 24th	_, <u>2010</u> . <u>SA</u> <u>\(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</u>
	Signature	Ka member of authorized representative of a member
		Linda Dolan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00