

209000081628

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000163230 3)))



H130001632303ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

13 JUL 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

1 Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PELICANO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 22 AM 8:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H13000016323

(X)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PELICANO, 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 08/24/2009 and assigned
Florida document number L09000081628

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
"LLC."

Enter new principal office address, if applicable: 20801 BISCAYNE BLVD
(Principal office address MUST BE A STREET ADDRESS) SUITE 306
AVENTURA, FL 33180

Enter new mailing address, if applicable: 20801 BISCAYNE BLVD
(Mailing address MAY BE A POST OFFICE BOX) SUITE 306
AVENTURA, FL 33180

B. If extending 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

City _____ Florida _____ 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

FILED
13 JUL 22 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	IGLESIAS, RICARDO M	2999 NE 191 STREET	☐ Add
		PH8	☒ Remove
		AVENTURA, FL 33180	
MGR	DOMERGUE, GASTON	20801 BISCAYNE BLVD	☒ Add
		SUITE 306	☐ Remove
		AVENTURA, FL 33180	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 22 AM 8:01

FILED

H1300016323

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

Dated _____

X *[Signature]*
Signature of a member or authorized representative of a member
NOGA G. BOMERQUE
Typed or printed name of signer

Page 3 of 3

FILED

13 JUL 22 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/22/2013 02:26
3056339696
H1300016323

EMPIRE CORP