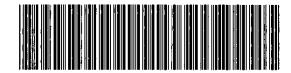
## 109000100882

(Re	equestor's Name)	
. (Ad	ldress)	· ·
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	WAIT	MAIL
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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FIORINA

D. BRUCE

JAN 2.6 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration of	on Section f Corporations			
SUBJECT:	Pelican Insp	ection Services LLC		
	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
		······································		
		Name of Person		
	Pelican Inspection Services LLC			
Firm/Company				
101 Briny Ave #1410				
		Address	JAI CARE LAH	
	Po	mpano Beach, FL 33062	JAN 25 PM CRETARY OF LAHASSEE, F	
		City/State and Zip Code		
	pe	elicanmark@gmail.com (to be used for future annual report notification	Est P	
For further informat	ion concerning this matter, please		PH 4: 59 E. FLORIDA	
	Mark Angell	at ( 954 ) 86	1-7941	
Na	ame of Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e \$\int_\$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)	
Re Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pelican In	spection Services	LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL09000100882	Company were filed on _	October 20, 2009	and assigned
This amendment is submitted to amend the following:	uitad liabilitu aannany k		
A. If amending name, enter the new name of the li	шцео парвису сотрану і	tere:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	<del> </del>	·······	<b>X</b> (
(Principal office address MUST BE A STREET ADL	DRESS)		FÖ =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, enter the	HASSEF TS AT B
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ss
		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Joel S. Jackson	101 Briny Ave #1410 Pompano Beach, FL 33062	Add ☑ Remove		
<del></del>			Add Remove		
			Add Remove		
<del></del>			Add Remove		
<u>.</u>			Add Remove		
**			Add Remove		
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
			- As		
	•		FIL II JAN 25 CAETARY LAHASSE		
Dated	January 20 , 201		PH 4: 59		
	Signature of a member	authorized representative of a member	<del>7</del> <b>6</b>		
	N	/lark J. Angell			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00