## L10000084077

(Requestor's Name)
(Address)
(Address)
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·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	PELICAN FLIC	HT TRAINING LLC		
	Name of Limite	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspondence	ondence concerning this matter t	o the following:		
	TE	ERENCE FENSOME		
		Name of Person		
PELICAN FLIGHT TRAINING LLC				
		Firm/Company		
	1601	1601 SW 75 AVE., SUITE 2		
		Address		
	PEMBROI	I SEP -7 PM LEAKETARY OF STLAHASSEE. FL		
		City/State and Zip Code		
	E-mail address: (to	be used for future annual report notificati	OF STAIL	
For further information c	oncerning this matter, please ca	II;		
Turce Fewer	rnL of Person	at ( <u>954) 966-<b>9</b>75</u> Area Code & Daytime Te		
Enclosed is a check for the	ha fallowing amounts			
	<del>-</del>	<b></b>		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PELICAN	FLIGHT TRAINING	LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	AUG. 10, 2010	and assigned
Florida document number L10000084077	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	e <u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	1000	5	51 22
(Principal office address MUST BE A STREET ADD	DRESS)	r r 2.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			E ARY OF STATE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter th	
Name of New Registered Agent:	<u></u> ,,		
New Registered Office Address:		Tutou Manida atuat - II.	
	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

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 Type of Action **Title** <u>Name</u> Address **MGRM** TERENCE FENSOME 1601 SW 75 AVE., SUITE 2 ✓ Add PEMBROKE PINES, FL. 33023 Remove MGR : SARA M. FENSOME 1601 SW 75 AVE., SUITE 2 ✓ Add Remove PEMBROKE PINES, FL. 33023 ☐ Add Remove ∏Add Remove C) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SEPTEMBER 2 , 2010 . (

Dated\_

Signature of a member or authorized representative of a member

TERENCE FENSOME

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00