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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: CASA PELICANOS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person CASA PENICHNOS Firm/Company LOB WASHINGTON ST Address City/State and Zip Code GARVIN G EUNISDATA. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dawel Garuin at (831) 359 6107 Name of Person at (831) Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

CASA PELICANOS	
(Name of the Limited Liability Company (A Florida Limited Liab	y as <u>it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>しけつのみ与スス</u> 。	were filed on $3-17-2614$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 SER
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	fice address on our records, enter the name of flie ner
Name of New Registered Agent:	06
New Registered Office Address:	Enter Florida street address
	, 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 605, 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

	Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of each	person being added		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	JEANERE BRIZEE	SSSS MONTGOMERY D SANTA ROSA CA 95	R Add F409 □ Remove		
			□ Change		
AMBR	LOYD HURLEY	640 PEACFFUL VALLEY DR LA SELVA BEACH CA 950°			
		<u></u>	🗀 Change		
1 MBR	RUBY HURLEY	LA SELUA BEACH CA 950=			
			Remove		
			Change		
			Add		
			🗆 Remove		
			Change		
			□ Add		
			Remove		
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			Add		
			□ Remove		
			Change		

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<u></u> .	
(If an effective Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Sept 9 . 2019.
	Signature of a member or authorized representative of a member
	JANEL GARVIN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00