# L15000092582

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### COVER LETTER:

TO:	Registration Se Division of Cor			
etib ir.	Adolare, Ll	LC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	endence concerning this matter	to the following:	
		Dina Nerdinsky, Esq.		
			Name of Person	
		Nerdinsky Law Group, P.,	Α.	
			Firm/Company	
		3800 S. Ocean Dr., Ste. 24	42	
			Address	
		Hollywood FL 33019		
			City/State and Zip Code	
		sanzyapova@me.com		X
For furtl	her information c	oncerning this matter, please c	to be used for future annual report notifiall:	ication)
Dina No	erdinsky		954 237-6307 at ( )	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	00 Filing Fee	□ \$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)

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

Adolare, LLC				
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
(	Tronda Billing Company)			
The Articles of Organization for this Limited Liab	oility Company were filed on May 27, 2015	ε	and assi	gned
Florida document number L15000092582	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability company here:			
Pelican Provisions LLC				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	e abbrevia	tion "L.L	C."
Enter new principal offices address, if applicab	de:			
· · · · · · · · · · · · · · · · · · ·				
Principal office address MUST BE A STREET	ADDKESS)		<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	DX)			
		Zo	: 123	
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B. If amending the registered agent and/or	registered office address on our records, ent	eritha i	, <u>j</u>	f the no
registered agent and/or the new registered office		227		Protect III
	<del></del>	jij⇔: Di⇔		m
Name of CNA Day of the LA		FSE LSE	3	ومددعهم
Name of New Registered Agent:		<u> </u>	2	سو ده ه
New Registered Office Address:		मुक्ति	24	
	Enter Florida street address			
	, Florida			
	City , 1 To Tida		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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ' Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the	date of filing:	(option	nal) Sign 🛂
n effective date is listed, the date mus	t be specific and cannot be prior to date of to ock does not meet the applicable stature.	filing or more than 90 days after f	iling.) Pursuant to 605.02
record specifies a delayed The 90th day after the rec	l effective date, but not an effeord is filed.	ective time, at 12:01 a.	m. on the earlier
ted July 6	, 2015		
	R. S.		
	Signature of a member of authorized repri	esentative of a member	<del></del>

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Filing Fee: \$25.00