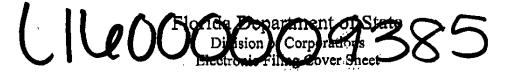
05/15/2018 14:43 MACFARLANE FERGUSON Division of Corporations

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To:

Division of Corporations

: (850)617-6383

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 071005001001 Phone

: (727) 441-8966

Fax Number

: (727)442-8470

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

			1416		
Email	Address:		* 5 * 6		

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5/15/2018

05/15/2018 14:44 MACFARLANE FERGUSON

COVER LETTER

Arth rows	PELICAN GOLF LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fec(s) are sub	omitted for filing.	
lease return all cor.	espondence concerning this matter	to the following:	
	THOMAS C. NASH, II		
		Name of Person	
	macfarlane fergu	SON & MCMULLEN	
		Firm/Company	
	POST OFFICE BOX 1669	9	
		Address	
	CLEARWATER, FL 337	57	
		City/State and Zip Code	
	ten@macfar.com	(to be used for future annual report notification)	
or further informat	ion concerning this matter, please a	•	
THOMAS C. NASI			
	me of Person	at (727) 441-8966 Aren Code Daytime Telephone Number	
Nr			
No		Zites cood Dayano I classical I califor	
		Suyumo relegione reliner	
	for the following amount:	S\$55.00 Filing Fee & State Sta	atus 6

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PELICAN GOLF LLC		
(Name of the Limited Liability Committee (A Florida Limited	ny os it now apnears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000009385	were filed on 1/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited list	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Ity Company I the designation til I Cli og th	o abbreviation III I C II
	1501 INDIAN ROCKS ROAD	E C. S.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BELLEAIR, FL 33756	
TEMPERAL BUTTER WITH BEST MOST BEN STREET ADDRESS.		
		Section 1
Enter new mailing address, if applicable:	1501 INDIAN ROCKS ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	HBELBARSFL 89756	
		ē.∷ %
B. If amending the registered agent und/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffica address on our records, <u>ent</u> <u>e</u> :	er the name of the new
	ga (Maria) Maria	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agenti		
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I at provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is
· If Char	ging Constetor Const Stenature of New	Registered Apont
\$* 0.00	Ging and assault with the printers	VERNETAR VERNI

Page 1 of 3

05/15/2018 14:44 MACFARLANE FERGUSON

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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Anna Carlotta (Anna Carlotta)

Signature of a r	nembel of softististic lebicacu/anne of a manuel	
e record specifies a delayed effective of The 90th day after the record is filed. Dated MAY 15,	2018 2018 2018 2018 2018 2018 2018 2018	
Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Nate: If the date inserted in this block does not not comment's effective date on the Department of S	g:(option is date of filing or more than 90 days after need the applicable statutory filing requirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as
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<u> </u>	A THE STATE OF THE	