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TALLAHASSEE, FLORIBA

MAY 17 2016 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ССТ:	PEGASUS ESTA Name of Lim	TE MANAGEMENT ited Liability Company	LLC	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		LYN	Name of Person	 	
		PEUAS	Firm/Company	EMENT	
			8874 RO. V.	16 MAY 16 PH 1: 29	1
		Loxar	HATCHEE FL 334 City/State and Zip Code	7D PH 1: 29	DY CH.
			NOW @ OUTLOOK. WO	ication)	
For fur	ther information co	oncerning this matter, please ca	dl:		
	LYNA Name of) M.SNUW Person	at (501) 254. 7 Area Code Daytime	3173 Telephone Number	
Enclose	ed is a check for th	e following amount:			
S \$25	5.00 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)	
	MARI	NO ADDRESS.	CTD FRT/COURT	SD 4 DADAGG	

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**

PELASUS (ESTATE MANAUEMENT	LI C.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600075773</u> .	were filed on 4-18-2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	16711 88TH RD	NORTH
(Principal office address MUST BE A STREET ADDRESS)	LOXAHATCHEE, FL	33470
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LOXAHATCHEE, FL	NORTH 33470
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u>	CRETAL LAHAS
Name of New Registered Agent:		6 82F
New Registered Office Address:	Estar Classida standa dibana	<u> </u>
	Enter Florida street address , Florida	OKIDA 1: 29
	City	Zip Code
New Registered Agent's Signature if changing Degistered 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> **Type of Action** <u>Name</u> <u>Address</u> 2512 OAK DRIVE DAD MURM ADAM TRIPP PALM BEACH GARDEUS, FL 33410 ☐ Change □ Add □ Remove ☐ Change □ Romove ☐ Change □ Add 🔀 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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te: If the date inserted in th	must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.020' filing requirements, this date will not be listed as
record specifies a dela he 90th day after the	yed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. on the earlier o
ted	——, <u>A.</u> 10	
	Signature of a friember or authorized represents	ative of a member
	v	

Page 3 of 3

Filing Fee: \$25.00