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SECRETARY OF STATE
ORIDA

K. SALY NOV 21 2016

COVER LETTER

L16000202271

TO: Registration Se Division of Cor			
6801 Pelica	n Properties, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Attorney H. Jeffrey Cutler		
		Name of Person	
	De La Cruz & Cutler, LLP).	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4000 Ponce De Leon Blvd	., Suite 790	
		Address	
	Coral Gables, Fl. 33146		
		City/State and Zip Code	
	JCutler@delacruzcutler.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Jeff Cutler		305 446-0100 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed 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

2016 NOV 17 AM 11:59

FALLAHASSEE, FLORIDA

6801 PELICAN PROPERTIES, LLC.

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)	SEE. FLORIDA
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/02/16	and assigned
Florida document number L16000202271		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
6840-42 Pelican Properties, LLC.	nabinty company nere.	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •	C)	
(Principal office address MUST BE A STREET ADDRES.	<u></u>	/
Parties and the State of the St		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ad office address on our records of	utou the name of the ne
registered agent and/or the new registered office address		mer the ipane of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	n	
	, Floric	1 a Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:	·
		m comes to comesh with th
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and l t as provided for in Chapter 605, F.S	am familiar with and . Or, if this document is
If	Changing Registered Agent, Signature of N	ew Registered Agent

Page 1 of 3

If amendir	ng Authorized Person(s) authorized to mand dfrom our records:	age, <u>enter the titl</u>	e, name, and address of eac	h person being added
MGR = 1		201	FILED MOV 17 AM 11: 59	
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Effective date, if other than the d if an effective date is listed, the date must be Note: If the date inserted in this bloodocument's effective date on the Dep	k does not meet th	e applicable sta	of filing or more than 9 stutory filing require	(optional) O days after filing.) ements, this date v	Pursuant to 605.0207 (3) /ill not be listed as the
ne record specifies a delayed of The 90th day after the recor		but not an e	ffective time, a	: 12:01 a.m. c	n the earlier of:
Nov. 16th	201	6			
Suited	1/(11.	CIN	\	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00