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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 0 9 2018

COVER LETTER

Divi	sion of Cor	porations		
SUBJECT:	PELICA	N MANOR, LLC		
	. 	Name of Lim	ited Liability Company	The second secon
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		CEDRIC DUPONT		
			Name of Person	
		PELICAN MANOR, LLC		
			Firm/Company	
		125 SEAGRAPE CIRCLE		
			Address	
		PALM BEACH, FL 3348	0	
			City/State and Zip Code	
		kimmyben@bellsouth.net		
			to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ca	ali:	
CEDRIC DU	PONT		561 252 at ()	2-3103
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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:

TO:

Registration Section

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**

PELICAN MANOR, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number L18000072067	npany were filed on	March 20, 2018	and assigned
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company he	ere:	
he new name must be distinguishable and contain the words "Limited	1 Liability Company," the d	esignation "LLC" or the ab	breviation "L.L,C."
Enter new principal offices address, if applicable:	125 SEAGRAP	E CIRCLE	
Principal office address MUST BE A STREET ADDRES	SS) PALM BEACH	i, FL 33480	
			MA SION
Enter new mailing address, if applicable:	125 SEAGRAP	E CIRCLE	OF COR
Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH	, FL 33480	PORATI
3. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	6 27
Name of New Registered Agent: CEDRIC	DUPONT		
New Registered Office Address: 125 SEA	GRAPE CIRCLE	: I	
	Enter Flor	ida street address	
PALM B	EACH	, Florida 33	3480

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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	COLONIAL GROVES, INC.	125 SEAGRAPE CIRCLE	□ Add
		PALM BEACH, FL 33480	■ Remove
			☐ Change
MGR	CEDRIC DUPONT	125 SEAGRAPE CIRCLE	Add
		PALM BEACH, FL 33480	Remove
			Change
			Add
			□ Remove
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an effe lote:		e specific and cannot be prior to date of k does not meet the applicable stated.	(optional) f filing or more than 90 days after filing.) Pursuant to tutory filing requirements, this date will not be	
	ord specifies a delayed of 90th day after the recor		ffective time, at 12:01 a.m. on the e	arlier d
ated_	APRIL 27	2018		
•				
•	S	gnature of a member or authorized rep	presentative of a member	_

Page 3 of 3

Filing Fee: \$25.00