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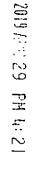




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COVER LETTER

	ELICAN POINT LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rebecca Goldwasser		
		Name of Person	
		Firm/Company	
	8483 Stables Rd		
	Jacksonville, FL 32256	Address	
	STVNBKY@COMCAST.	City/State and Zip Code NET	
	E-mail address: (to be used for future annual report notif	fication)
For further information (concerning this matter, please co	alt:	
Steve Goldwasser		904 535-4104 at ()	
Name o	nt Person	Area Code Daytime	e Telephone Number
linclosed is a check for t	he 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 enclose)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SB PELICAN POINT LLC

2019 ET 29 PH 4:21

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/30/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ___1.18000182406 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			Add		
			□ Change		
			□ Remove		
			Change		
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			Change		
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			□ Remove		

_□ Change

	Rebecca Goldwasser is the sole MEMBER (AMBR)
•	
	*4/2018 @
NOC	ctive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	t- o
	Signature of a member or authorized representative of a member
	*
	Rehecca Goldwasser Typed or printed name of signee