## 118000130574

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JUL 20 2019 S. YOUNG



## **COVER LETTER**

TO:	Registration Sec Division of Corp			
end in		ONTOON TOURS, LLC		
SUBJE		Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		JOSE TRUJILLO		
			Name of Person	
		PELICAN PONTOON TO	URS, LLC	
			Firm/Company	
		2468 S.W. 4th ST.		
			Address	
		MIAMI, FL 33135		
		TRUJILLOINVEST@GMA	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	alt:	
JOSE 1	TRUJILLO		305 775-4624	
	Name of	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	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)

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

PELICAN PONTOON TOURS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000230574	were filed on SEPTEMBER 28, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <b>5</b>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSESS OF THE PROPERTY OF THE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code

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

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
AMBR	SARA E. VENTURA	640 NE 52 ST, MIAMI,FL 33137	
			Remove
		<del></del>	Change
<del></del>			
			Remove
			□ Change
			Add
			Remove
		<del></del>	Change
	<del> </del>		
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated JULY 8TH 2019
Signature of a member or authorized representative of a member  JOSE TRUJILLO

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Filing Fee: \$25.00

Typed or printed name of signee