Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (945) 425-0077 Fax Number : (845) 818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PELAGIC FLORIDA, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Linbility Company is it now appears (A Florida Limited Liability Company)	on our records.)		
(A Fiorida Limited Clabinty Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{117}{2}$	28/2018	_ and assi	gned
Florida document number L18000273673			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	Lē:		
PELAGIC DEERFIELD BEACH FL LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbre		J.C."
Enter new principal offices address, if applicable:	<u> </u>	23	
(Principal office address MUST BE A STREET ADDRESS)		-2 <u>-</u>	. 11
	· .	<b>X</b>	
			·
Enter new mailing address, if applicable:		-77	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
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	₩.	- <del>-</del>	
B. If amending the registered agent and/or registered office address on	our records, enter th	e name	of the ner
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
Enter Plori	ida street address		
	, Florid <b>2</b>	Zip Code	
City  New Registered Agent's Signature, if changing Registered Agent:		rage Counte	

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
-			□ Remove
			Change
			7⊡ Remove
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			C) Change

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Note: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot the date inserted in this block does not meet the t's effective date on the Department of State's re	applicable statutory firing reducer	(optional)  Didays after filing.) Pursuant to 605.02 ments, this date will not be listed
e reco The 9	rd specifies a delayed effective date, b Oth day after the record is filed.	out not an effective time, at	12:01 a.m. on the earlier
ated	03/20		
	Signature of a member	or authorized representative of a memi-	ber

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Filing Fee: \$25.00