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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	The Clay Name of Limit	Pelican, LLC ited Liability Company	,
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jennifo	CR Michelle Simm	ions
	The Cla	y Pelican, LLC Firm/Company	<u></u>
	2162 Pac	Address Way	}
	<u>Cantonr</u>	Ment, FL 325 City/State and Zip Code	33
	the Clay C	Plican amual report notification of the used for future amual report notifications.	all Comication)
For further information cor	ncerning this matter, please ca	all:	
Jennifer Sir	MMONS Person	at (LOD) 2UD - 2 Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

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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

The Clay Pelica	n, LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Clability Company) August 13 1: 36
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19COCO108908</u> .	y were filed on 68/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2162 Paddlewheel Way
(Principal office address MUST BE A STREET ADDRESS)	Cantonment FL 32553
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	antonment, FL 32533
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	nifer Michelle Simmons
New Registered Office Address:	12 Padaleu hoo I Way Enter Florida street address
<u>Canto</u>	MMON† Florida 32533 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.

11 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bridget N. Ingram	1077 Ironforge Rd	🖸 Add
	U J	1077 Ironforge Rd Cantonment FL 32533	Remove
			Change
類 MGR	NicholasB. Gimmons	2162 Paddlewheel Way Cantonment, FL 32533	X Add
		Cantonment, FL 32533	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change
			D Add
			C Remove
			□ Chanca

. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Old O1 2019 Signature of a member or authorized representative of a member
	Jennifer Simmons Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00