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SECRETARY OF STATE AND STATE OR ATTOMS

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COVER LETTER

TO: Registration Sec Division of Corp		N		
SUBJECT:	Pelican Name of Lin	Plumbing United Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Mich	AE \ ZENO Name of Person		
	Pelica	N Plumbing Firm/Company	LLC	
	1801 Su	Address		
	CAPE	Coral FL City/State and Zip Code	33914	19 · · · · · · · · · · · · · · · · · · ·
	li-mail address: (to be used for future annual report notific	Com cation)	$\frac{1}{\omega}$
For further information co	ncerning this matter, please c	all:		AM 9: 17
Michael Name of	Za N Person	at (203) 704 Area Code Daytime	ON Z Telephone Number	TIONS
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 Sta Certified Copy (additional copy is en	itus &

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**

ADTICLES	OF ORGANIZATION	24
ANTICELS	OF	9
Pelican	Plumbing LLC	المراجع المستعادية
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	3
The Articles of Organization for this Limited Liability Co	ompany were filed on 4-17-2019	and assigned
Florida document number 4190010840		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	ered office address on our records, enter	the name of the new
registered agent and/or the new registered office addre	ess nere:	
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

Title Name Address **Type of Action** 1801 SW 45 th W 0 Add Kimberly Zeno 12 MBY Cape Coral F133914 Demove AM3R MICHAEL ZENO ape Coral fl 33914 - Remove _□ Change ☐ Remove _□ Change ☐ Remove _□ Change _□ Remove __ Change □ ∧dd _□ Remove __□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
T - 10	
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_	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
If the recor (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	5-7-2019
	Market Day
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00