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(Requestor's Name)
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(Business Entity Name)
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SECRETABLICES INTE

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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
SUBJECT:	Name of Lim	12.TY SEIZVICES L nited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	DA	No FEL MILL'S	
	-	Name of Person	-
•		Firm/Company	2021
	60	214 STONECHASE BL	Z021 AUG 19 PM 3: 04 SECRETARY OF STATE TALL TARKS SEE, FL
	Ρι	ACE, FL 32571 City/State and Zip Code	19 PH 3: 04 NY OF STATE NASSEE, FL
		,	
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual report not) call:	ication)
_			- 2737
	L MILLS of Person	- at (<u> </u>	e 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of O P.O. Box 63	Corporations	Division of Cor The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DKM PROPERTY		<u>C.</u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our reco I Liability Company)	oras.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PELICAN PROPERTIES The new name must be distinguishable and contain the words "Limited Lial	OF NWFL, LLC	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L	
Enter new principal offices address, if applicable:		2021 SEC
Principal office address MUST BE A STREET ADDRESS		
		PH IT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		PA 04
		
3. If amending the registered agent and/or registered office	address on our records, <u>ent</u>	er the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	···········	
	Enter Florida street add	ress
		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
				□Add
				□Remove
				□Change
<u></u>			2	□Add
			SECRETAIN TALL HIA	□Remove
			PM 3: 04	J Add
				□Remove
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