LZO 0001Z1132

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SUBJEC		lue Pelicar	n Creations, LLC		
SUBJEC	.1; _		Name of Lim	ited Liability Company	
The enclo	osed A	articles of	Amendment and fee(s) are sub	mitted for filing	
			ndence concerning this matter	-	
			Marcus Lee Pinson IV		
				Name of Person	
			Blue Pelican Creations, LL	.C	
				Firm/Company	-
		77 Coquina Avenue			
		Saint Augustine, FL 32080			
			marcuspinsoniv@gmail.com	City/State and Zip Code n to be used for future annual report n	
For further	er info	ormation co	oncerning this matter, please c	·	omication)
Teri Pins	son			352 262-8679	
Name of Person		at () Area Code Dayt	ime Telephone Number		
Enclosed	lisac	heck for th	ne following amount:		
≡ \$ 25.0	00 Fil	ing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
-		ng Address Stration S		Street Address: Registration S	Section
Division of Corporations P.O. Box 6327			-	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Pelican Creations, LLC

2623 AUG 14 PH 4: 27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/05/2020}{}$ _____ and assigned Florida document number L20000121132 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 77 Coquina Avenue Enter new principal offices address, if applicable: Saint Augustine, FL 32080 (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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 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>	Name	Address 2221 AUS 14 Pi; 4: 27	Type of Action
MGR	Marcus L Pinson, IV	77 Coquina Avenue	≣ Add
		Saint Augustine, FL 32080	□Remove
			□Change
			□ Add
			□Remove
		······································	□Change
			□Add
		····	□Remove
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			□Add
			□ Remove
			□ Change

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fective date, if other than the date of fine effective date is listed, the date must be specific ote: If the date inserted in this block does necument's effective date on the Department of	ding:
ecord specifies a delayed effective date, but is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 11	, 2020
<i>i</i> 2	SI Le
	of a member or authorized representative of a member