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12/15/20

NAME: PELICAN TENNIS, LLC

TYPE OF FILING: AMENDMENT

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COVER LETTER

Registration Section Division of Corporations

Pelican Ter	inis, LLC		
DJECT.	Name of Limit	ted Liability Company	
e enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
:ase return all correspo	ndence concerning this matter to	o the following:	
	William Garrahan Esq		
		Name of Person	
		P' (C)	
	330 Winter Street		
		Address	
	Framingham , Ma 01702		
		City/State and Zip Code	
	- -	o be used for future annual report notifica	ition)
For further information c	concerning this matter, please ca		
William Garrahan		508 820-2514	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pelican Tennis, LLC (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 June 10, 2020 and assigned Florida document number L20000159799 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pelican Marine Chemistry, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Fłorida City

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

iGR =	Manager	
MBR =	Authorized	Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of a does not meet the applicable statu	(optional tiling or more than 90 days after filing attory filing requirements, this dat	g.) Pursuant to 605,0207 (
e record specifies a delayed effective d	ate, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) T	he 90th day after the
Dated November 18	. 2020		
Dated	2020 Institute of a member or authorized representation	,	

Filing Fee: \$25.00