## L21000198350

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

	istration Se ision of Cor			
	Pelican Spe	orts Group LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nicholas Laurila		
			Name of Person	
		Pelican Sports Group		
			Firm/Company	
		Archmont Cr		202:
			Address	
	2.0	Valrico, FL 33596		2023 HAR -6
			City/State and Zip Code	
		Nick@pelicansg.com	to be used for future annual report notifica	(tion) S 9. (1)
For further in	nformation c	oncerning this matter, please ca		m —
Nicholas La	urila		630 4181210 at ( )	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 E	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)
	iling Addres gistration S		Street Address: Registration Section	on
Div	vision of C	Corporations	Division of Corpo	rations
	). Box 632 llahassec, l		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nny as it now appears on our re	cords.)
Liability Company)	
were filed on 4/28/2021	and assigned
oility company here:	
lity Company," the designation	'LLC" or the abbreviation "L.L.C."
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address on our records, <u>er</u>	nter the name of the new register
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r,mer r tortau mreet ac	447 CGS
City	, Florida
	address on our records, en

## 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
MGR	Gavin Morgan	109 Rolling Lea Pl	
		Madison, AL 35758	<b>≡</b> Remove
			☐Change
			\_Add
			□Remove
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			□ Add  2023 □ Remove
			Change Table 19:13:15
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ffective date, if other than the dat	te of filing: 1/1/2023		(option	nal)
'an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depart	specific and cannot be pridoes not meet the appl	icable statutory filing	ore than 90 days after f	iling.) Pursuant to 605.020
record specifies a delayed effective da	ite, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.	2023			202:
d is filed.	. 2023	·		2023 HA
d is filed.  Dated Febrary 28th	•	·		2023 HAR -
d is filed.  Dated Febrary 28th	nature of a member or aut	horized representative	of a member	2023 HAR - 6 AM

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