

171 000 287700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

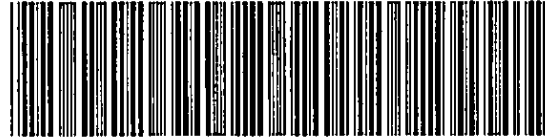
(Business Entity Name)

(Document Number)

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2021 NOV 18 AM 1:56  
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A. BUTLER

DEC - 8 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PELICAN PASS CONDOMINIUMS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~LINDA BERGER~~

Linda Walsh

Name of Person

WALSH DEVELOPMENT GROUP, LLC

Firm/Company

16 RIKER AVE

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

LINDA@WALSHDEVELOPMENTGRP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

~~LINDA BERGER~~

Linda Walsh

at ( 912 ) 655-5650

Name of Person

Area Code

Daytime 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)

**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 PASS CONDOMINIUMS, LLC

2021 NOV 18 AM 7:51

(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 06/21/2021 and assigned  
Florida document number L21000287700.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

WALSH DEVELOPMENT GROUP, LLC

New Registered Office Address:

16 RIKER AVE

Enter Florida street address

SANTA ROSA BEACH


City

Florida 32459

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>	<u>Type of Action</u>
AMBR	DARELL R PIERCE REVOCABL	908 STATE STREET	<input type="checkbox"/> Add
		BOWLING GREEN, KY 42101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEEK ONE PROPERTIES LLC	174 WATERCOLOR WAY, 103/418	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COMBINED EQUITIES LLC	16 RIKER AVE	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 8, 2021

LARRY WALSH  
Typed or printed name of signee

**Filing Fee: \$25.00**