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COVER LETTER

TO:	Registration Se Division of Cor			
'OHD IE		ol & Supply Co. LLC	•	
SUBJE	C1:	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	25.
		Jose L. Hernandez		
			Name of Person	52
		Pelican Tool & Supply Co	, LLC	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		968 Scandia Lane		
			Address	
		Orlando, FL 32825		
			City/State and Zip Code	.
		joselhernandez05@gmail.co		
		E-mail address: (to be used for future annual report noti-	fication)
For furt	her information c	oncerning this matter, please c	all:	
Jose L.	Hernandez		407 802-0446 at ()	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne 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 Addres	_	Street Address:	otion.
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632	-	The Centre of T	•
	Tallahassee I	FI 32314	2415 N. Monroe	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Pelican Tool & Supply Co. 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 $\frac{07/18/2022}{1}$ and assigned Florida document number L22000317538 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pelican Fishing Co. LLC 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: 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 mv 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			☐ Change
			□Add
			□Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing: te: If the date inserted in this block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0
cument's effective date on the Department of State's records.	ry ming requirements, this date will not be instead
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	I a.m. on the earlier of: (b) The 90th day after t
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Signature of a member or authorized represe	