# L23000084857

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#### **COVER LETTER**

Div	rision of Corpe	orations		<b>3</b>
SUBJECT:		SHING CO. LLC		
SOBJECT.		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspond	dence concerning this matter	to the following:	
		Julieta Long		
			Name of Person	
		Florida Fishing Co. LLC		
			Firm/Company	····
		379 Dolphin Shores Cir.		
			Address	<del>-</del>
		Nokomis, FL 34275		
			City/State and Zip Code	
		thecitruspelican@gmail.com	n to be used for future annual report notification	
For further i	nformation cor	ncerning this matter, please or	·	11)
Julieta Long	!		405 973-8454 at ( )	
	Name of F	Person		phone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 I	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)
<u>Ma</u>	iling Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

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

Florida Fishing Co. LLC

2023 AUG -2 AH 6: 46

( <u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on our ida Limited Liability Company) [소니 쇼]	records.) ASSELLELÖILE
The Articles of Organization for this Limited Liability		
Florida document number L23000084857	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The Citrus Pelican LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.0
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or`register agent and/or the new registered office address here		enter the name of the new t
Name of New Registered Agent:		<del></del> .
New Registered Office Address:		
	Enter Florida street	address
	C'i	_, Florida Zip Code
	City	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>	Address	Type of Action
		<del> </del>	□Add
			Remove
		<del> </del>	☐ Change
			□Add
			🗀 Remove
			□Change
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			□ Change

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	All notices, information, etc., should be sent to thecitruspelican@gmail.com
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•	<del></del>
	<del></del>
Effect	tive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next is effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 25 2023
	Signature of a niember or authorized representative of a member
	Julieta Long V