Elorida Departments of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:				_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PELICAN VISTA HOMES LLC

Certificate of Status	0		
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Estimated Charge	\$25.00		

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pelican Vista Homes LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as It now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	any were filed on 09-26-2023	and assigned
Florida document number 1.23000445740		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	2024 J SECR
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "l	The second second
Enter new principal offices address, if applicable:		52 o
(Principal office address MUST BE A STREET ADDRESS	5)	SEC. 2
		- F 3 3 3
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	,	Florida
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties as provided for in Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

01/12/24 -02:15PM 5125970678

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
AMBR	Dan Antone Schau	1021 Berkshire Road	= _Add
		Southlake, TX 76092	□Remove
			Change
			□Add
			Remove
			☐Change
			□Remove
			□Change
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	**************************************		NAME AND
<u></u>			
	-		
Effective date, if other than the lift an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the E	lock does not meet the applica	o date of filing or more than 90 d ble statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 onts, this date will not be listed as t
e record specifies a delayed effective	e date, but not an effective tir	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
rd is filed.			
	2024	_ ·	
rd is filed. Dated			
January 4 Dated			,

Filing Fee: \$25.00

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