LZH DOD 182 815

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





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COVER LETTER

	Registration Se Division of Cor					
end nez	PELICAN :	STAR LLC				
SUBJEC	, I :	Name of Lim	ited Liability Company			
The enck	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		SERGIO X PALACIOS				
			Name of Person		_	
		PELICAN STAR LLC				
			Firm/Company		- بي	
		14955 SW 36th ST				
			Address	-	-	
		DAVIE, FL. 33331			. C.	
			City/State and Zip Code		_	
		pelicanstarlle@gmail.com	to be used for future annual report no	atiliantian)		
For furth	er information co	oncerning this matter, please c		Ancaton,		
SERGIC	X PALACIOS		305 458-7166			
	Name o	f Person	at ()	ime Telephone Numbe	r	
Enclosed	Lis a check for th	ne following amount:				
≡ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	Mailing Addres		Street Address: Registration S	Section		
Registration Section Division of Corporations			Division of Co	orporations		
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PELICAN STAR 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 APRIL 18, 2024 ____ and assigned Florida document number __L24000182815 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 "LLC." 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 _, Florida |

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.

Cirv

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	WILLIAM MELO	14955 SW 36th ST	
		DAVIE, FL 33331	≣Remove
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ecord specifies a delayed effects filed.	tive date, but not	an effective tin	ne, at 12:01 a.n	i. on the earlier of:	(b) The 90th	ı day after t
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Filing Fee: \$25.00