

L12000023465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

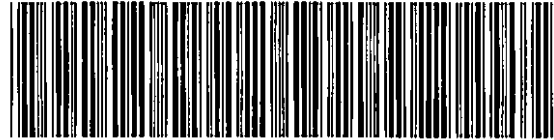
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/17--01017--016 **25.00

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DIVISION OF CORPORATIONS

JUL 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOURNEY IN 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:

SHERI FALCON
Name of Person

Firm/Company

2100 BAY DR #92
Address

MIAMI BEACH FL 33141
City/State and Zip Code

SFALCO @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERI FALCON at (561) 290 0597
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JOURNEY IN, 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 2/17/2012 and assigned Florida document number L12000023465

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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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17 JUL 17 PM 1:26
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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:

SHERI LYN FALCON

New Registered Office Address:

1045 MICHIGAN AVE #1

Enter Florida street address

MIAMI BEACH

Florida

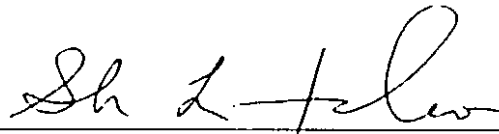
33139

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PELICAN F FALCON	1045 MICHIGAN Ave	<input type="checkbox"/> Add
		#1	<input type="checkbox"/> Remove
	FALCON	Miami Beach FL 33139	<input checked="" type="checkbox"/> Change
AMBR	SHERI L	1045 MICHIGAN Ave	<input type="checkbox"/> Add
		#1	<input type="checkbox"/> Remove
		Miami Beach FL 33139	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING member last names
because of legal
name changes.

17 JUL 17 PM 1:26
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E. Effective date, if other than the date of filing: 07-12-17 (optional)

(If an effective 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 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07-12-17

Signature of a member or authorized representative of a member

PELICAN COSANO REINERS / PELICAN FALCON
Typed or printed name of signee

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME
OF:

FAMILY DIVISION

**Pelican Finn Cosano
Reiners**

CASE NO. 2016-024378-FC-04

Petitioner

Section: 18

_____ /

**FINAL JUDGMENT OF CHANGE OF
NAME (ADULT)**

THIS CAUSE was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

ADJUDGED that said Petition hereby is granted, and Pelican Finn Cosano Reiners hereafter shall be known by the name of PELICAN FINN FALCON and it is further

ADJUDGED that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

DONE and ORDERED in Chambers at Miami-Dade County, Florida, on this the 8th day of December, 2016



BERNARD S SHAPIRO
CIRCUIT COURT JUDGE

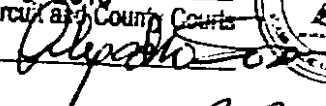
STATE OF FLORIDA, COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office. DEC - 8 2016

HARVEY RUVIN, Clerk of Circuit and County Courts

Deputy Clerk

ALF LINDRO SOSA



219506