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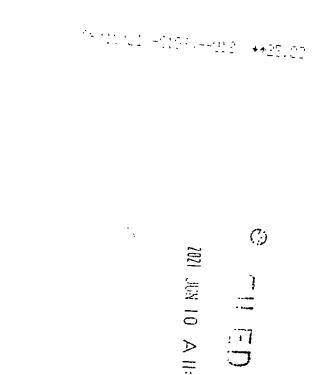
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Corp	porations	
	Panhandle C	Craftsmen, LLC	
SUBJECT:		Name of Lim	nited Liability Company
		Amendment and fee(s) are sub	
Please return	an correspor	ndence concerning this matter	to the following:
		Douglas T. Potter	
			Name of Person
		Panhandle Craftsmen, LLC	c
			Firm/Company
		1601 Kelly Street	
			Address
		Tallahassee, Florida 32310)
		4-5100-1	City/State and Zip Code
		dtp519@aol.com E-mail address: (to be used for future annual report notification)
For further in	formation co	oncerning this matter, please ca	all:
Douglas T. P	otter		850 728-8575 <u>S</u>
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a	check for the	e following amount:	D .777
■ \$ 25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Reg Div	ling Address gistration S vision of Co J. Box 6327	ection orporations	Street Address: 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

Panhandle Craftsmen, 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 July 8, 2014 _ and assigned Florida document number ____L05000014636 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) 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 City

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 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
MGR	Tom Lcc		
		82 Pine Lane, Crawfordville, Florida 32327	≣ Remove
			ClChange
MGR	Keith Shuemake		□Add
		82 Pine Lane, Crawfordville, Florida 32327	≅ Remove
			☐ Change
			Remove (/)
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			N Remove □ Change
			□Add
			□Remove
			Change
			□Add
			□Remove

.._ _ Change

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To the		e time, at 12:0	l a.m. on the earl	ier of: (b) Th	e 90th day aft	er the
Signature of a member or authorized representative of a member						
	ted June 4 2021	—. PH-				