

LO5000065415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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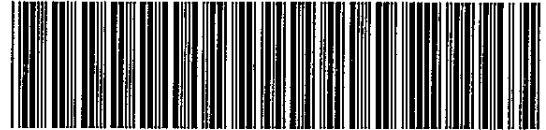
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAY COUNTY MULTI-SERVICE COMPANY, 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:

CONNIE THARPE

(Name of Person)

BAY COUNTY MULTI-SERVICE COMPANY, LLC

(Firm/Company)

3117 HWY 77

(Address)

PANAMA CITY, FL 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at ( 850 ) 785-4412

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BAY COUNTY MULTI-SERVICE COMPANY, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 07/01/2005 and assigned document number L05000065415.

**SECOND:** This amendment is submitted to amend the following:

ARTICLE IV: Manager(s) or Managing Member(s) - THE FOLLOWING PERSON  
HAS BEEN ADDED TO THE ABOVE LLC EFFECTIVE IMMEDIATELY AS A NEW  
MANAGING MEMBER: CANDACE THOMAS, PO BOX 390, LYNN HAVEN, FL 32444

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

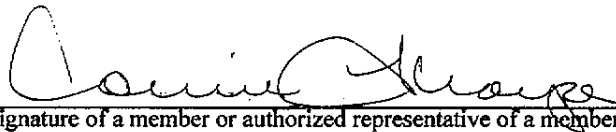
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\_\_\_\_\_

Dated DECEMBER 12, 2005.

  
Signature of a member or authorized representative of a member

CONNIE THARPE  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00