

LD5000065415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

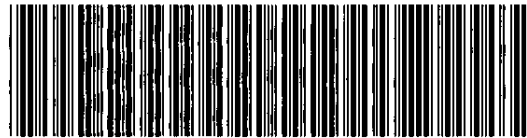
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN - 2 AM 32

T. HAMPTON

JUN - 3 2010

EXAMINER

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:

PERRY BENJAMIN COLLINS, III

Name of Person

BAY COUNTY MULTI-SERVICE COMPANY, LLC

Firm/Company

3117 HWY 77

Address

PANAMA CITY, FL 32405

City/State and Zip Code

baycomultiserv@knology.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PERRY BENJAMIN COLLINS, III

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

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

BAY COUNTY MULTI-SERVICE COMPANY, 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 07/01/2005 and assigned
Florida document number L05000065415.

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 end with 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:

PERRY BENJAMIN COLLINS, III

New Registered Office Address:

3117 HWY 77

Enter Florida street address

PANAMA CITY

Florida

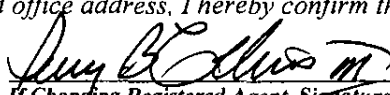
32405

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 608, 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

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DIVISION OF CORPORATIONS
10 JUN -2 AM 10:32

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

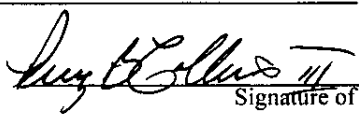
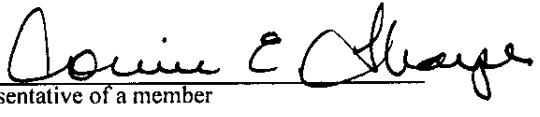
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CONNIE E. THARPE	2007 PENTLAND RD LYNN HAVEN, FL 32444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAWRENCE E. THOMAS	2007 PENTLAND RD. LYNN HAVEN, FL 32444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PERRY B. COLLINS, III	3020 KINGSWOOD DR PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DEBORAH M. COLLINS	3020 KINGSWOOD DR PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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10 JUN -2 AM 11:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated 6-1, 2010.

Signature of a member or authorized representative of a member

Perry B. Collins, III (New Reg. Agent) & Connie E. Tharpe (Old Reg. Agent)

Typed or printed name of signee