

LC 000062813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

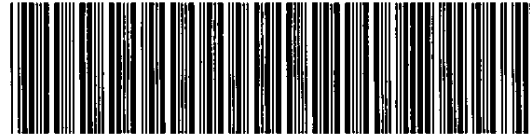
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600262246466

07/31/14--01014--002 \*\*25.00

FILED  
STATE DEPT OF CORP  
DIVISION OF CORPORATIONS  
14 JUL 31 PM 4:07

AUG 01 2014  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**PANHANDLE AND PENINSULA PARTNERS LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**BRICE E. GRAMM**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**1527 MOUNT VERNON STREET**

\_\_\_\_\_  
Address

**ORLANDO, FLORIDA 32803**

\_\_\_\_\_  
City/State and Zip Code

**BRICEGRAMM@GMAIL.COM**

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

For further information concerning this matter, please call:

**BRICE GRAMM**

**407 496-7036**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

TO  
ARTICLES OF ORGANIZATION  
OF

PANHANDLE AND PENINSULA PARTNERS 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 JUNE 21, 2006 and assigned  
Florida document number L06000062813

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)

1527 MOUNT VERNON STREET

ORLANDO, FLORIDA 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1527 MOUNT VERNON STREET

ORLANDO, FLORIDA 32803

**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:

BRICE E. GRAMM

New Registered Office Address:

1527 MOUNT VERNON STREET

*Enter Florida street address*

ORLANDO

Florida

32803

*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.*

*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

**Authorized Member 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	BRICE E. GRAMM	1527 MOUNT VERNON STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32803	<input type="checkbox"/> Remove
MGR	SUZETTE K. GRAMM	1688 PARKSIDE CIRCLE	<input type="checkbox"/> Add
		NICEVILLE, FLORIDA 32578	<input checked="" type="checkbox"/> Remove
MGR	BARRY E. GRAMM	1688 PARKSIDE CIRCLE	<input type="checkbox"/> Add
		NICEVILLE, FLORIDA 32578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUL 31 4:47 PM  
SECURITY DIVISION OF C. J. B. 11007A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

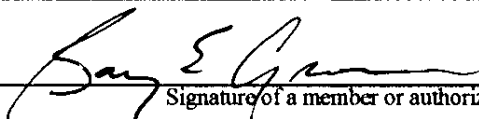
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

JULY 23

2014

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

**BARRY E GRAMM**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
14 JUL 31 PM 4:07