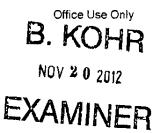
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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: PANHANDLE BUSINESS SERVICES, 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:

PANHANDLES BUSINESS SERVICES LLC
Firm/Company

1265 US HWY 3315

Address

De Funiar Spaniar Tohason Claicom

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

For further information concerning this matter, please call:

Daued R. Johnson

Name of Person

at (850) 892 - 2752

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 ARTICLES OF ORGANIZATION OF

Company of the second s PANHANDLE BUSINESS SERVICES, 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 10-27-2006 and Florida document number L 06 0 00 1 0 4 9 4 5 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 mv 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

Enter Florida street address

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>	Name	Address	Type of Action
	SHARON BURLESON	4 PINE DRIVE	Add
		DEFUNEAK SPGS, F1. 32433	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	November 16, 2012.
	D. P.
	Signature of a member or authorized representative of a member
	DAVID R JOHNSON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00