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COVER LETTER

Division of Corporations Panhandle Eateries, 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: Jon E. Seeling Name of Person Panhandle Eateries, LLC Firm/Company 5008 U.S. Highway 98 W., Unit 1 Address Santa Rosa Beach, FL 32459 City/State and Zip Code threputr@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jon E. Seeling Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **\$55.00** Filing Fee & □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Enter new mailing address, if applicable:		5008 U.S. Highway 98 W Unit 1	-100 -100	2023 1	
(Mailing address MAY BE A POST OFFICE BOX)		Santa Rosa Beach, FL 32459		<u> </u>	
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B. If amending the registered agent and/or		e address on our records, enter the n	ame of the	+ nēw re ∼	
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			ame of the	5	gistere
Name of New Registered Agent:	Jon E. Sceling		ame of the	5	gistere *==*
agent and/or the new registered office addr	Jon E. Sceling	g	ame of the	5	gistere *==*
Name of New Registered Agent:	Jon E. Sceling	ghway 98 W., Unit 1 Enter Florida street address	STATE	5	gistere *==*

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 Changing Registered Agent, Signature of New Registered Agent

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	Nicole A. Seeling	111 Alan A Dale Drive	
		Niceville, FL 32578	■ Remove
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n effective date is listed, the date mus ste: If the date inserted in this blue cument's effective date on the De	ock does not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant to tutory filing requirements, this date will not be l	isted
ecord specifies a delayed effectivis filed.	e date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90th day a	fter t
November 9	2023		
teu			

Filing Fee: \$25.00

Typed or printed name of signee