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09 JUN 16 AM II: 58

ECRETARY OF STATE
AHASSEE

D. BRUCE
JUN 16 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Panhandle	Recreation, LLC		
SCINECT:		ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Elaine Smith		
		Name of Person		
	Pan	handle Recreation, LI	LC	
		Firm/Company		
		P.O. Box 156		
		Address		
	Ch	attahoochee, FL 3232	<u>2</u> 4	AS C
	oloi	City/State and Zip Code		CCRE
	E-mail address: (ne@panhandlerec.co to be used for future annual rep	ort notification)	JUN 16
For further information of	oncerning this matter, please of	call:		SECT AS INTERIOR
	aine Smith	at (<u>850</u>)	443-2618	
Name of	f Person	Area Code &	Daytime Telephone Nu	58 0
Enclosed is a check for th	ne following amount:			,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cert nclosed) Cert	0 Filing Fee, ifficate of Status & tified Copy litional copy is enclosed)
	ING ADDRESS:		COURIER ADDRES	SS:
Divisio	ation Section n of Corporations ox 6327	Registration Division of Clifton Bui	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panhandl	e Recreation, LLC	<u> </u>	,,
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/27/2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u>≩∺ </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>		ASS BY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Y OF STATE OR STORY OF STATE OR STATE O
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street ad	dress
	City	, Florida	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eric Russell Smith	480 Smithtown Road Bainbridge, GA 39819	Add ☐ Remove
<u>MGRM</u>	Elaine Smith	480 Smithtown Road Bainbridge, GA 39819	Add Remove
MGR	Elaine Smith	2386 Phillips Road Cottondale, FL 32431	Add Remove
			AddRemove
	-		AddRemove
 			Add Remove
D. If am	ending any other information, enter	change(s) here: (Attach additional sheets, if necess	Z
			PILE 09 JUN 16 AMI ECRETARY OF A
Dated	June 16 Jaine Son	2009 Will	D 1:58
	Signature of a n	nember or authorized representative of a member H Typed or printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00