

LD8000003124

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP -2 PM 12:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANHANDLE UNDERWATER MAINTENANCE AND SALVAGE, LLC
Name of Limited Liability Company (P.U.M.A.S.)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN S. CHOMER

Name of Person

P.U.M.A.S.

Firm/Company

38 MIRACLE STRIP PARKWAY SW

Address

FORT WALTON BEACH, FLORIDA 32548

City/State and Zip Code

PUMASDIVERS@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN S. CHOMER

Name of Person

at (317) 213-4040

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**

PANHANDLE UNDERWATER MAINTENANCE AND SALVAGE, 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 01/09/2008 and assigned Florida document number L08000003124.

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**)

38 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FLORIDA
32548

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

38 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FLORIDA
32548

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 Office Address: _____

Enter Florida street address _____

_____, Florida

City _____

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10 SEP -2 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	LISA JOY CHOMER	38 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FLORIDA 32548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	McKINZEE MARIE CHOMER	38 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FLORIDA 32548	<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
			<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.)

Dated AUGUST 31, 2010

John Chomer
Signature of a member or authorized representative of a member
JOHN S. CHOMER
Typed or printed name of signee