L080000 4853a

(1	Requestor's Name)
(/	Address)
(,	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
· (I	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	JUL 29 2008
	JOE 7 3 (008

Office Use Only

300133451183

07/28/08--01010--005 **30.00

TILED

1000 JUL 28 P 3: 03

SECRETARY OF STATE
TALLAHASSEE, FINGE

COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT: PANHA	NDLE LIGHTING, L			19
	(Name of Limi	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GLORIA H LANGFORD		· · · · · · · · · · · · · · · · · · ·	
		(Name of Person)		
	PANHANDLE LIGHTING	, LLC		
		(Firm/Company)	IAT SI	
	P O BOX 10389		ZIN JUL 28 SECRETARY TALLAHASSE	77
	······································	(Address)	2	ī
	PENSACOLA, FL 32524	L		FILED
	1 LINOMOODI, 1 L OZOZI	(City/State and Zip Code)	OF STA	
			3: 03 LORIDA	
For further information of	concerning this matter, please co	all:	P	
GLORIA LANGFORD		at (850) 393-3353		
(Name	of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	23\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	itus &
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANHANDLE LIGHTING, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L08000048532	were filed on MAY 15, 2008		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the des	signation "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:		200 SE	
(Principal office address MUST BE A STREET ADDRESS)		CRE L	
		L 28 TARY ASSE	y september
Enter new mailing address, if applicable:	P O BOX 10389	Y OF S	M
(Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32524	GRIDS	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, <u>enter the n</u>	ame of the ne
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florid	la street address)
	· · · · · · · · · · · · · · · · · · ·	Florida	
	(Citv)	(2	(ip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action MGRM** JOHN M LANGFORD III **4284 BRIGHTON DRIVE ■** Add Remove PENSACOLA, FL 32504 MGRM **GLORIA H LANGFORD 4284 BRIGHTON DRIVE** Add Add PENSACOLA, FL 32504 Remove 🗂 Add Remove ☐ Add ☐ Remove 7 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 24 2008 Signature of a member or authorized representative of a member **GLORIA H LANGFORD** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00