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## **COVER LETTER**

	ation Sect n of Corp			
SUBJECT:	PAN	IHANDLE FISH &	SHRIMP, LLC	
			ited Liability Company)	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		- 101 × 1400		
		Tabitha Y. Williams	(Name of Person)	
			(Firm/Company)	
		P. O. Box 1904		
			(Address)	
		Lynn Haven, FL 32444	t .	•
			(City/State and Zip Code)	<del></del>
For further infor	mation co	ncerning this matter, please o	eall:	
Tabitha Y. Willi	iame		at (_850)	
(Name of Person)		(Area Code & Daytime T	elephone Number)	
Enclosed is a che	eck for the	following amount:		
☑ \$25.00 Filing	g 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)
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANHANDLE FISH & SHRIMP, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L09000028655</u>	ny were filed on March 24, 2009 and a	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or th	e abbreviation
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 or registered agent and/or the new registered office address he		of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street addras) o	09 HA
	(City) HZsp C	(A) 11
New Registered Agent's Signature, if changing Registered Agen		s m
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to complete performance of my duties, and I are amilial to provided for in Chapter 608, F.S. Or, in this do	mply with iar with and Eument is

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>		<u>Address</u>	Type of A	<u>vetion</u>
MGRM	RYAN E	O WILLAIMS	P. O. Box 1904 Lynn Haven, FL 32444	Add Remov	e
MGRM	RYAN	O WILLIAMS	P. O. Box 1904 Lynn Haven, FL 32444	■ Add Remov	e
		<del></del>		Add Remov	e
				Add Remov	е
				Add Remove	<b>?</b>
				Add Remove	3
D. If a	mending any otl	ier information, enter o	change(s) here: (Attach additional sheets, if nec	essary.)	
				SEC	
Dated _	March 25	Sahrhe	4. William	AR 26 AM 8: RETARY OF ST AHASSEE FLOT	LE
		Tabitha Y. William	nember or authorized representative of a member us, Managing Member Typed or printed name of signee	RIDA RIDA	

Page 2 of 2

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