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(Re	equestor's Name)	
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COVER LETTER

TO:

TO:	Registration 3 Division of Co			
C110 III		H&H Enterprises of PC Bch, LI	.C	
SUBJE	XI:	Name of Lin	ited Liability Company	
The enc	closed Articles o	of Amendment and fee(s) are sub	omitted for filing	
Please i	return all corresp	ondence concerning this matter	to the following:	
			David Humphreys	
			Name of Person	
			Firm/Company	
		27	5 S Hwy 79	
			Address	
		Panai	na City Beach, FL 32413	
			City/State and Zip Code	
			mphreys@knology.net	
For furt	her information	concerning this matter, please c	to be used for future annual report no all:	otification)
David	Humphreys		850 258-8895 at()	
	Name	of Person		me Telephone Number
Enclose	d 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 Addre		Street Address:	
	Registration Division of (Section Corporations	Registration Section Division of Corporations	
	P.O. Box 63		The Centre of	•
	Tallahassee,	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEC -0 PE 5: 14

H&H Enterprises o	of PC Beh LLC		
(Name of the Limited Liz (A Flo	ability Company as it r orida Limited Liability (ow appears on our records (ompany)	.)
The Articles of Organization for this Limited Liability Florida document number 1.09000104732	ty Company were fi	led on 10/29/2009	and assigned
This amendment is submitted to amend the following	ğ.΄		
A. If amending name, enter the new name of the	limited liability cor	npany here:	
The new name must be distinguishable and contain the words	Tamited Liability Comp	pany," the designation "LLC"	or the abbreviation "L.1, C."
Enter new principal offices address, if applicable:	:		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		· · · · · · · · ·
B. If amending the registered agent and/or registagent and/or the new registered office address her		on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Flo	rida
	Ciù		rida 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 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 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>	<u>Address</u>	Type of Action
MGRM	Lindsay Harris	104 Biscayne Dr	□Add
		Panama City Beach, F1, 32413	■Remove
			□Change
MGRM	Craig Harris	104 Biscayne Dr	■Add
		Panama City Beach, Fl. 32413	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	t be specific and cannot be jock does not meet the ap	plicable statutory film	(optional nore than 90 days after filing ng requirements, this dat	g) Pursuant to 605 0207
record specifies a delayed effective d is filed.	e date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of (b) T	he 90th day after the
April 17	2020	·		
8 In				
	Signature of a member or	authorized representative	e of a member	

Filing Fee: \$25.00