L11000000011

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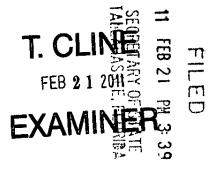


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AD. DEFERRED TO ACKNOWLEDGE SUFFICIETY OF FILING TECEVED

TO SERVE THE SERV



COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Panhandle F	Poker League, L.L.C.		
		nited Liability Company		
	of Amendment and fee(s) are su			
Please return all corre	spondence concerning this matte	r to the following:		
		Sarah Beth Freeman		
		Name of Person		
	Panha	andle Poker League, L.L.C. Finn/Company		
	554	40 Hampton Woods Way	·	
		Address		
		Tallahassee, FL 32311		
	free	City/State and Zip Code emanb24@comcast.net	ALL/A	
	E-mail address:	(to be used for future annual report notification)	FEB RETA	
For further information	n concerning this matter, please	call:	B 21 PH TARY OF S HASSEE, FL	
	ames Freeman	at (727) 725-2727	0-1	
Namo	e of Person	Area Code & Daytime Telephone Number	39 RIEL	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 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

Panh	andle Poke	r League, L.L	C.		_	
(Name of the Limited (A	Florida Limited	Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Company were filed on and						
Florida document numberL11000000	0011					
This amendment is submitted to amend the following	owing:		•			
A. If amending name, enter the new name of	the limited liab	oility company he	<u>ге</u> :			
						
The new name must be distinguishable and end wit "L.L.C."	h the words 'Lim	ited Liability Comp	any," the designation '	"LLC" or t	he abb	reviation
Enter new principal offices address, if applic	able:	5540 Hampto	on Woods Way	JAK I	==	
(Principal office address MUST BE A STREE		Tallahassee,			- 	-73:
	•			<i>5</i> , ⊆	<u> </u>	<u></u>
				YEL,		m
Enter new mailing address, if applicable:	5540 Hampto	on Woods Way	77.5	32		
(Mailing address MAY BE A POST OFFICE	BOX)	Tallahassee,	FL 32311	<u> </u>	ယ္	
				i ri	<u> </u>	
B. If amending the registered agent and/or the new registered of			our records, <u>enter</u>	the nam	e of t	he new
Name of New Registered Agent:	Sarah B. Freeman					
New Registered Office Address: 5540 Hampton Woods Way						
	Enter Florida street address					
•	T	allahassee	, Florida	323		
		City		Zip C	ode	

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>	Address	Type of Action					
MGRM	Ed DeCardenas	576 Chinquapin Rd Monticello, FL 32344	Add Remove					
<u>MGRM</u>	Sarah B. Freeman	5540 Hampton Woods Way Tallahassee, FL 32311	Add ☐ Remove					
			Add Remove					
			Add Remove					
			□Add □Remove 					
			Add Remove					
D. If amendia	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	FILE 11 FEB 21 SECRETARY O					
			ED RN 3: 39					
Dated	February 18, 2012	B. Freeman						
-		authorized representative of a member						
Sarah B. Freeman Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00