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TALLAHASSEE, PLORIBA

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COVER LETTER

Division of Corp	oorations		
SUBJECT: Panha	andle Land Ti	tle LLC	
5000E1.	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	稻温和
	Jan	Name of Person	R24 H
	lanh	Firm/Company	LLC BE
	124	S Va Ava	
	Bon	City/State and Zip Code	5
	E-mali address: (le	and a land + the e q	on)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (89) 549, 20 Area Code & Daytime Te	Pephone Number
Enclosed is a check for th	e 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:

TŎ:

Registration Section

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 Land Title LLC		
(Name of the Limiter	Liability Company as it now A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited L	iability Company were filed	on 4/10/2013 and assigned
Florida document number L13000052985	•	7.07
This amendment is submitted to amend the foll A. If amending name, enter the new name of		and assigned To the state of th
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	Company," the designation "LLC" or incapbreviation
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX)</i>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ss on our records, <u>enter the name of the new</u>
Nume of New Registered Figure.	404 E. Minninin Ave	
New Registered Office Address:	124 E. Virginia Ave	Enter Florida street address
	Bonifay	
	City	Florida 32425 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 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 **Type of Action Address** <u>Title</u> <u>Name</u> Emory R. Estes, Jr 612 Rustin Drive, Chipley Fl 324258 **MGRM** Remove Michael L. Sapp 2579 Hwy 173S, Bonifay, FL 32425 **MGRM** Remove Remove Remove

. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
Street address of principal	l office is: 124 E. Virginia Ave., Bonifay, FI 32425
Address of the Limited Liabili	ity Company is: 124 E Virginia Ave, Bonifay, FL 32425
April 23	, 2013
	Jan Leo
Signature of	of a member or authorized representative of a member
Jan Sapp, MGR	0
	Typed or printed name of signee

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Filing Fee: \$25.00

