

L14000017210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

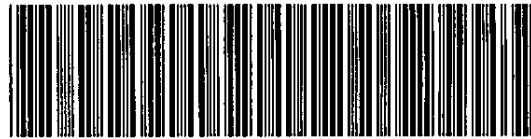
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256756433

02/20/14--01008--019 **25.00

FILED
14 FEB 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2014

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Panhandle Gold Rush LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Pruitt

Name of Person

Firm/Company

8178 Navarre Pkwy.

Address

Navarre, FL 32566

City/State and Zip Code

markmark6919@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Pruitt

Name of Person

850 225-2883

at (Area Code)

Daytime Telephone Number

Enclosed 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 ADDRESS:

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 GOLD RUSH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/21/2014 and assigned
Florida document number L14000011210.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

FILED
14 FEB 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: AMY PRUITT

New Registered Office Address: 8178 Navarre Parkway
Enter Florida street address

Navarre, Florida 32566
City 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.

Amy Pruitt
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

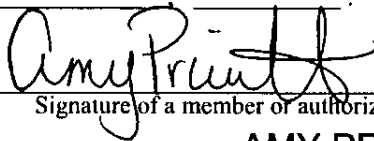
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARK TRACY	8178 Navarre Parkway	☐ Add
		NAVARRE, FL 32566	☒ Remove
AMBR	AMY PRUITT	8178 Navarre Parkway	☒ Add
		NAVARRE, FL 32566	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 14 FEB 20 PM 3:47
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **FEBRUARY 05** **2014**



Signature of a member or authorized representative of a member

AMY PRUITT

Typed or printed name of signee

Page 3 of 3

FILED
14 FEB 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA