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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Panhandle F	Fishing Charters, LLC		
.,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Edward J. Sauvageau		
			Name of Person	
		Panhandle Fishing Charter	s, LLC	
			Firm/Company	
		104 6th Ave.		
			Address	
		Shalimar, FL 32579		
			City/State and Zip Code	
		panhandlefishingcharters12	3@gmail.com to be used for future annual report no	GIR savings
For further in	iformation co	oncerning this matter, please co	·	(meanon)
Edward J. Sa	uvageau		850 226-3127	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panhandle Fishing Charters, LLC					
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on March 4, 2	014	and ass	signed
Florida document number L14000035871					
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designatio	n "LLC" or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable	le:	104 6th Ave.	ÇA LATI	2024 M	
(Principal office address MUST BE A STREET A	(ADDRESS)	Shalimar, FL 32579		- H.A.	
			1024 1 7 	¥ 22	
Enter new mailing address, if applicable:		104 6th Ave.	ASSER ASSER	PM	M
(Mailing address MAY BE A POST OFFICE BOX)		Shalimar, FL 32579	>	÷. 	
B. If amending the registered agent and/or registered and/or the new registered office address h	stered office a ere:	address on our records,	enter the name of	the nev	v registere
Name of New Registered Agent:	Brian Updike				
New Registered Office Address:	2113 Lewis Turner Blvd., Stc. 100				
-	Enter Florida street address				
<u> </u>	Fort Walton Be		Florida		
		City	Zi	ip 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
AMBR	Mary L. Sauvageau	2590 Dana Ct.	□Add
		Shalimar, FL 32579	■Remove
AMBR	Edward G. Sauvageau	2590 Dana Ct.	□Add
		Shalimar, FL 32579	■Remove
			□Change
AMBR	Edward J. Sauvageau	104 6th Ave.	
		Shalimar, FL 32579	□Remove
			■ Change
AMBR	Justine Sauvageau	104 6th Ave.	■Add
		Shatimar, FL 32579	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffective date, if othe	er than the date of filin	g:		(optional) 0 days after filing.) Pursuant to	
ote: If the date insert		neet the applicable		0 days after filing.) Pursuant to ments, this date will not be	
	a delayed effective of er the record is filed.		n effective time, a	: 12:01 a.m. on the ea	rlier of
ated	\wedge	2024			
aica		. ——.			
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Filing Fee: \$25.00

Typed or printed name of signee