L16000164335

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MECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Parlandle Surfical Sorvices, 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:
John 3 Shornas Mh
Panhandle Suffice Services
2202 State Avenue, Suite 104
Panama City FL 32105 City/State and Zip Code
E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helene Woodley at (850) 640 3.3.20 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Sett (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $8 - \sqrt{9 - 16}$ and assigned
Florida document number <u>L 16000164 23</u> 5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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:	AFORE JARY
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new ore:
Name of New Registered Agent:	
New Registered Office Address:	Pow Planta and all and
	Enter Florida street address
	, Florida City Zip Code
New Pegistered Agent's Signature if changing Degistered 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

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 **Title** Address Name **Type of Action** Elizabeth Hope Clarkson I and State Avenue, Steloto Add ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove U ☐ Change

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n effective date is list ote: If the date inso cument's effective record specifie	her than the date of ted, the date must be spe erted in this block do date on the Departm	cific and cannot be p es not meet the app ent of State's reco	olicable statutor rds.	y filing requirem	ents, this date	will not be listed a
	fter the record is	filed.				
xx	Don	of a member of a	uthocized represe	ntative of a membe	CHASSE	288 007 3
	John B	. Cihomas	MB.		70	TI U

Filing Fee: \$25.00