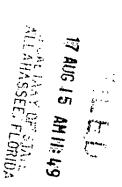
L17000163661

Office Use Only



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AUG 1 6 2017

Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	
	AUTHORIZATION	:	Count de man
	COST LIMIT	:	\$ 25.00
ORDER DATE :	August 3, 2017		
ORDER TIME :	3:57 PM		
ORDER NO. :	754384-010		
CUSTOMER NO:	8146533		
			

DOMESTIC AMENDMENT FILING

NAME: PANHANDLE FABIRCATIONS, LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT# 62696

____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANHANDLE FABIRCATIONS, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000163661</u>	ompany were filed on 08/01/2017	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
PANHANDLE FABRICATIONS, LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		## 15 15 15 15 15 15 15 15 15 15 15 15 15
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		171-4
Name of New Registered Agent:		9
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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 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

AMBK = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
	/ 		☐ Add
			Remove
			☐ Change
			☐ Remove
			Change
			ST Add
		 	OB Remove
			□ Change
			□ Add
			☐ Remove
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Effective date, if other than the date of filing:	_ (optional)	

Page 3 of 3

Filing Fee: \$25.00