

L17000262406

(Requester)

(Address)

(Address)

(City/State/Zip)

☐ PICK-UP

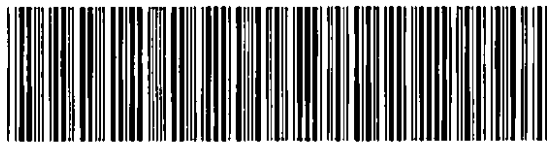
(Business)

(Document)

Certified Copies _____

of _____

Special Instructions to Filers



700307527147

FILED
18 JAN 16 AM 8:55
TALLAHASSEE, FLORIDA

RECEIVED
18 JAN 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2018

CT CORP

*Corrected,
please keep original
file JHK*

SUBJECT: FLORIDA PANHANDLE PORTFOLIO LLC
Ref. Number: L17000262406

We have received your document for FLORIDA PANHANDLE PORTFOLIO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check box to indicate if you are adding, changing or removing A. David Lynd.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 418A00001223

RECEIVED
DEPARTMENT OF STATE
18 JAN 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2018

CT CORP

*Corrected.
Please keep original
file date.*

SUBJECT: FLORIDA PANHANDLE PORTFOLIO LLC
Ref. Number: L17000262406

We have received your document for FLORIDA PANHANDLE PORTFOLIO LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

AMENDMENT FORM STATES, "SEE ATTACHED" AND THERE IS NO ATTACHMENT. ALSO PLEASE INDICATE AN ACTION FOR A. DAVID LYND (ADD,REMOVE,CHANGE)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 618A00001012

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 1/16/2018

Acc#I20160000072



Name:	Florida Panhandle Portfolio LLC
Document #:	
Order #:	10795345

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:

Certified:

Plain:

COGS:

Corrected.
Please keep
original file
date.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PANTHANDLE PORTFOLIO 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.

Christopher A. Walker

Name of Person

Lippes Mathias Wexler Friedman LLP

Firm Company

822 N ALA, Suite 400

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

cwalker@lippes.com

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

For further information concerning this matter, please call:

Christopher A. Walker, Esq.

904 660-0020
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FLORIDA PANHANDLE PORTFOLIO 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 12-27-2017 and assigned
Florida document number 117000262406

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 contain 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)

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:

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Matthew Merritt	8000 HIL-10 WEST SUITE 1200	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, TEXAS 78230	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	A. David Lynd	8000 HIL-10 WEST SUITE 1200	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, TEXAS 78230	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APR 16 AM 8:56

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

18 JUL 16 AM 8:56

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 12

2098

2018


Signature of a member or authorized representative of a member

Christopher Walker

Typed or printed name of signer