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## **COVER LETTER**

| ei.             | PANHAND<br>J <b>BJEC</b> T: | DLE PROJECTS LLC                                |   |   |
|-----------------|-----------------------------|---|---|---|
| St              | )bjet, i                    | Name of Lim                                     | ited Liability Company  |   |
| Th              | e enclosed Articles of      | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Ple             | case return all correspo    | ndence concerning this matter                   | to the following:   |   |
|                 |                             | Dean Carmichael                                 |   |   |
|                 |                             |   | Name of Person  |   |
|                 |                             | Panhandle Projects LLC                          |   |   |
|                 |                             |   | Firm/Company  |   |
|                 |                             | 8285 Torres St.                                 |   |   |
|                 |                             |   | Address   |   |
|                 |                             | Navarre, FL 32566                               |   |   |
|                 |                             | deancarmichael@panhandlo                        | City/State and Zip Code<br>e-projects.com                           | <del></del>   |
|                 |                             | E-mail address: (                               | to be used for future annual report notifi                          | cation)   |
| Fo              | r further information c     | oncerning this matter, please ca                | all:  |   |
| Dean Carmichael |                             |   | 850 218-5617  |   |
|                 | Name o                      | f Person  |   | Telephone Number  |
| Er              | nclosed is a check for the  | ne following amount:                            |   |   |
|                 | \$25.00 Filing Fee          | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| Panhandic Projects LLC   |  |  |
|--|--|--|
| (A Florida   | y Company as it now appears on our records.)<br>Limited Liability Company) |  |
| The Articles of Organization for this Limited Liability Co. Florida document number L19000002179         | ompany were filed on 1 Jan 2019  | 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:  |  |
| The new name must be distinguishable and contain the words "Limit  | 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)                     |  |  |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | · —  | er the name of the n                     |
| Name of New Registered Agent:  |  | ₹ã <b>§ n</b>                            |
| New Registered Office Address:   | Enter Florida street address, Florida                                      | AARY J                                   |
|  | City   | Stip Code                                |
| New Registered Agent's Signature, if changing Registered   | Agent:   | Β.Α.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε. |
| I hereby accept the appointment as registered agent a  | ind agree to act in this capacity. I further a                             | igree to comply with i                   |

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.

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

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>                            | Type of Action   |
|--------------|-----------------|---|--|
| MGR          | Dean Carmichael | 8285 Torres St. Navarre, FL 32566         |  |
|              |                 |   |  |
|              |                 |   | □ Remove   |
|              |                 |   |  |
|              |                 |   | ■ Change   |
| MGR          | Kristen Greer   | 5595 Millbend PL Gulf Breeze,<br>FL 32563 |  |
| <del></del>  |                 | 4.  | <b></b>  |
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| Effective date, if other tha                                   | n the date of fil                     | ino·                |                                       | (0)                                    | ptional)           |            |               |
| f an effective date is listed, the da                          | ite must be specific a                | and cannot be prior |                                       | more than 90 days a                    | ulter filing.) Pur |            |               |
| Note: If the date inserted in the document's effective date on |                                       |                     |                                       | ing requirements,                      | this date will     | not be lis | sted as t     |
|  | ·                                     |                     |                                       |  |                    |            |               |
| ne record specifies a de                                       | laved effective                       | e date, but no      | t an effective                        | e time. at 12:0                        | 1 a.m. on t        | he ear     | lier of:      |
| The 90th day after the   |                                       |                     |                                       | , at 1210                              |                    |            |               |
|  |                                       |                     |                                       |  |                    |            |               |
| Dated  |                                       | 2019                | <u> </u>                              |  |                    |            |               |
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Typed or printed name of signee

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Filing Fee: \$25.00