## L19000012590

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETANY OF STATE
TALLAHASSEE, FL

E Aprend. 05-31-19 De



May 1, 2019

JONAHTAN CODY MARSHALL 2310 CLAREMONT DR. PANAMA CITY, FL 32405

SUBJECT: PANHANDLE IT PRODUCTIONS LLC

Ref. Number: L19000012590

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

PLEASE LIST THE TYPE OF ACTION FOR """ JONATHAN MARSHALL. ARE YOU ADDING, REMOVING OR CHANGING HIM TO MANAGER??????

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 519A00008763

## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: 5	cry Ser	ver 110	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing	
		•	
Please return all correspond	dence concerning this matter	to the following:	
	Jonatha	Name of Person	arshall
	Sex y	Server L1 Pirm/Company	<u> </u>
	2310 Clas	rement or-	Pavara eti
4	P.C PL	32405 City/State and Zip Code	<del></del>
	E-mail address: (	narshall 27 @/	yakoo.com
For further information con	cerning this matter, please ca	all:	
Name of P	Person	at (850) 867 Area Code Daytime	7-8940 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing 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)
Registrati	G ADDRESS: ion Section of Corporations	STREET/COURIE Registration Section Division of Corpora	1

alreade Paid

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ran navaly		<u> </u>	rioaa	CTIBES C
( <u>Name of the Limited</u> (A	Liability Company as It Florida Limited Liability	now appears on our reco y Company)	ras.)	
The Articles of Organization for this Limited Liab	ility Company were	filed on	<del></del>	and assigned
Florida document number	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability c	ompany here:		
Sexy Server The new name must be distinguishable and contain the word	LLC_			
The new name must be distinguishable and contain the word	ls "Limited Liability Cor	npany," the designation "Li	LC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	la.		₹Ĕ	015
•				# 71
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>		<u> </u>	
			<u> </u>	<u>ယ</u>
			SS. ∴	3 11
			$\mathcal{M}_{2}^{(i)}$	_ <u></u>
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		m	<u>_</u>
D. M. C. J. J. J. C. J. J. J. C. J.			-d- outer the	of the pe
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our recoi	ras, <u>enter the</u>	name of the ne
Name of New Registered Agent:		han C.	Mars	hall
N on two toos Allicon	7/15	< / com	Dr	
New Registered Office Address:	<u> </u>	5. LagooN Enter Florida street add	ress	
	Pawara	City Beach,	Florida	1408
New Registered Agent's Signature, if changing Res		uy '	•	ир С <b>оае</b>

New Registered Agent's Signature, it 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>	Name	Address	Type of Action
MGR	Jovathad Marshall	7015 S. Lagoov Dr Parrama city good Fl	
			Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change
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			□ Remove
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			□ Remove
			□ Change

(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	4-72-19
	Signature of a member or authorized representative of a member
	deliable of a file man of authorized representative was member

Page 3 of 3

Filing Fee: \$25.00