Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From: Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P. A.C. Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564	To:	
Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P. A. Account Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564		Division of Corporations
Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P. A. Account Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564		Fax Number : (850)617-6383
Account Name : DAVIS, SCHNIRER, REEVES & BROWNING, F. ACCOUNT Number : I19980808057 Phone : (850)973-4186 Fax Number : (850)973-8564		
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EXAMINE

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Corporate Filing Menu

Help

COVER LETTER

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TO: Registration S Division of Co	Section prporations			
	POE, LLC			
SUBJECT:	Name of Limit	ted Liability Company		
Please return all corresp	condence concerning this matter t	to the following:		
	JUSTIN B. GREGG			
		Name of Person		
	PANSEY POE, LLC			
		Firm/Company		
	Name of Limited Liability Company neclosed Articles of Amendment and fec(s) are submitted for filling. a return all correspondence concerning this matter to the following: USTIN B. GREGG			
		Address		
	PANSEY POE, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. sear return all correspondence concerning this matter to the following: EUSTIN B. GREGG Name of Person PANSEY POE, LLC Firm/Company 9483 CR 49 Address LIVE OAK, FLORIDA 32060 City/State and Zip Code E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: STIN B. GREGG Name of Person Area Code Daytime Telephone Number: \$25.00 Filing Fee Certificate of Status Certificate of Status MAILING ADDRESS: STREET/COURSER ADDRESS:			
		City/State and Zip Code	201	
	E-mail address: (to be used for future annual report noutie	cation)	- 1 -
For further information	concerning this matter, please or	ill:	B - I ASSE	
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Name	e of Person	Area Code Daytime	Lejebhoue Maniper 3	
Enclosed is a check for	the following amount:		i» 🖜	
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000038289 3)))

PANSEY POE, LLC	· · · · · · · · · · · · · · · · · · ·		
(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on IA	NUARY 17, 2019 and assign	ned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited llability company h	ere:	
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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		. N	
(Mailing address MAY BE A POST OFFICE	<u></u>	11 CO	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address o office address here:	<u> </u>	the ne
Name of New Registered Agent:	JUSTIN B. GREGG		
New Registered Office Address:	9483 CR 49		
		oridu street address	
	LIVE OAK City	, Florida 32060 Zip Code	
	City	Lip Coue	

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.

Changing Resistered 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 = M AMBR = A	lanager uthorized Member	((H19000038	3289 3)))
Title	<u>Name</u>	Address	Type of Action
MGR	JUSTIN B. GREGG	9483CR 49	
		LIVE OAK, FLORIDA 32060	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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☐ Change

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JUSTIN B. GREGG, MANAGER Typed or printed name of signee						

Page 3 of 3

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