## 120000028489

(Requestor's Name)	
(Address)	9002407
(Address)	8003407
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02/18/2001014
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corp			
SUBJECT: PANHAN	DIFART LLC		
30B/DC1. <u>1.7440.044</u>	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing	
rieuse return an correspon	dence concerning this matter	to the following:	
	Processing Department	nt	
		Name of Person	
		Firm/Company	
	5605 Riggins Court	Suite 200	
	- Cook in Signification	Address	<del></del>
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.com		
For further information co	n-man address; ()	to be used for future annual report notifi all:	cation)
Processing Departme	nt	at (800 ) 638-2320 Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
☑ \$25.00 Filing Fee	S30.00 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)

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

PANHANDLEART, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/2}{2}$ . Florida document number $\frac{L20000028489}{L20000028489}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	
Enter new principal offices address, if applicable:	7020
(Principal office address MUST BE A STREET ADDRESS)	TO TO 11
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3 TO
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florid	la street address
	, Florida
Cirv	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Kem Neal	612 Alhambra Rd S.E	O Add
		Palm Bay, FL 32909	☐ Remove
			☑ Change
			Remove
		<del></del>	Change
			Remove
			Change
			D Add
		<u> </u>	Remove
			Change
			Remove
			Change
			D Add
			Remove
			□ Change

tlt an e <u>Note:</u>	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.
Dates	1 FOO 1/2 X 2020
i) iii l	Madia Lallan  Signature of a member of anthorzed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00