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## **COVER LETTER**

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SUBJECT	Panhandle I	Installment Experts, LLC	* · · · · ·			
SUBJECT	·	Name of Lin				
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.			
		indence concerning this matter	-			
		Lisa Cotner				
			Name of Person			
		Askbsquared				
			Firm/Company	<del></del>		
	8317 Front Beach Rd, Ste 8C2					
			Address	20 A		
	Panama City Beach, Fl. 32407					
		lisa@askbsquared.com	City/State and Zip Code	2020 AUG 31 PM 2: 3 THE LIMITASSEE, FLORI		
		E-mail address:	to be used for future annual report notific	cation) CS 2:		
For further	information c	oncerning this matter, please o	all:	om -		
William H	orner		850 381-8434 at ( )			
	Name o	f Person		Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00	) Fiting 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)		
	lailing Addres		<u>Street Address:</u> Registration Sect	ion		
D	ivision of C	orporations	Division of Corp	orations		
P	. <b>O</b> . Box 632	. /	The Centre of Ta	Hahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panhandle Installment Experts, 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 7/28/20 and assigned

Florida document number L20000224788

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Panhandle Installation Experts, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida \_

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>	Address	Type of Action
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Filing Fee: \$25.00