422000039645

(Requi	estor's Name)	· <u>···</u>	
(Addre) S.S.\	-	_
(Audre	:55)		
(Addre	ess)	_	_
(City/S	tate/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
	_	_	
(Busin	ess Entity Nam	ne)	_
			_
(Docu	ment Number)		
Certified Copies	Certificates	of Status	
Certified Copies	Octanodics	0100003	-
Special Instructions to Fili	na Officer:		7
Special instructions to I in	ng Onicer.		
			_

Office Use Only





100392324091

08/15/22--01006--018 ++25.00

22 AUG 15 PM 12: 55

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panhandle Residential Design LLC (Name of the Limited Liability Compa	env as it now annears on our record	16.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	<u></u> ,	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000039645	were filed on 01-20-2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	"" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	413 Hodges St		
(Principal office address MUST BE A STREET ADDRESS)	Hurlburt Field, Fl. 32544	22 22	
		#UG	
Enter new mailing address, if applicable:	413 Hodges St	6 15 1	
(Mailing address MAY BE A POST OFFICE BOX)	Hurlburt Field, FL 32544		
		(I) 7	
		<i>y</i> ≥	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
		lorida	
N. B. C. Lee, N. C. Lee, M. C. B. C.	City	гір Сойе	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as part being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and 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>	Name	Address	Type of Action
AMBR	Catherine Weeks	413 Hodges St	
		Hurlburt Field, FL 32544	□Remove
			Change
			□Add
			□Remove
			Change
			万 智
		Eckemeve M C 22 Change	
		□Add	
			□Remove
			□Change
			□Add
		□Remove	
			□Add
			Remove
			□ Change

		
		· · · · · · · · · · · · · · · · · · ·
 		
		
		<u>N</u> .
		22 AUG 15
		<u>ੰ</u>
	<u> </u>	P
		PH 2: 55
		<u>5</u>
· · · · · · · · · · · · · · · · · · ·		
fective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Dep	specific and cannot be prior to date of filing or a does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
ecord specifies a delayed effective of is filed.	ate, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after t
ted August 8	. 2022	
/s/ Catherine Weeks		
	mature of a member or authorized representativ	

Filing Fee: \$25.00