

L13 0000 40927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

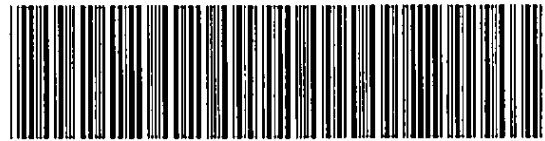
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/21--01015--001 **1470.00

06/17/21--01003--002 **210.00

2021 JUN 16 AM 6:26

O SIMMONS
JUN 22 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 16 AM 11:12

June 8, 2021

APRIL WOOD
PO BOX 1427
THOMASVILLE, GA 31799

SUBJECT: TURNER DISTRIBUTION OF THE GULF COAST, LLC
Ref. Number: L13000040927

We have received your document for TURNER DISTRIBUTION OF THE GULF COAST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00012419

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turner Distribution of the Gulf Coast, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Wood

Name of Person

1915 South Co.

Firm/Company

P.O. Box 1427

Address

Thomasville, GA 31799

City/State and Zip Code

awood@1915South.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy M. Wallace

850 224-9634
at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Turner Distribution of the Gulf Coast, LLC

2021 JUN 16 AM 6:25

(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 03/18/2013 and assigned
Florida document number L13000040927.

This amendment is submitted to amend the following:

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

1915 South Distribution of Gulf Coast, LLC

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 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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242 JUN 16 AM 6:26

Case	Initial	Final	Change
1	10	20	Add
2	10	10	Remove
3	10	10	Change
4	10	20	Add
5	10	10	Remove
6	10	10	Change
7	10	20	Add
8	10	10	Remove
9	10	10	Change
10	10	20	Add
11	10	10	Remove
12	10	10	Change
13	10	20	Add
14	10	10	Remove
15	10	10	Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2:21:35 PM 10/10/2021

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated As of April 22 2021

Russell Turner

Signature of a member or authorized representative of a member

S. Russell Turner Jr., Manager

Typed or printed name of signee

Filing Fee: \$25.00