## L22000054743

| (Request                       | or's Name)             |
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07/24/23--01013--011 ++35.00

2023 SEP 28 PM 1: 42

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Gulf Supply of Panama City 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:   |
| Charles Burke Denny   |
| Gulf Supply of Panama City  |
| 730 N Highway 231   |
| Panama City FL 32405  |
| Christice gulf supply of Com<br>E-mail address: (no be used for future ahnual report hotification)  |
| For further information concerning this matter, please call:  |
| Christic Gentry at (80) 215 - 6706  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |



August 21, 2023

CHRISTIE GENTRY 730 N HIGHWAY 231 PANAMA CITY, FL 32405

SUBJECT: GULF SUPPLY OF PANAMA CITY LLC

Ref. Number: L22000054743

We have received your document for GULF SUPPLY OF PANAMA CITY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was sent. The name on the Cover Letter does not match the name in the Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 423A00019288

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Crulf Supply of Par  | nama City LL   | C 2023 SEP 28 PM 1: 42                                 |
|--|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | any as it now appears on our record<br>Liability Company)      |  |
| The Articles of Organization for this Limited Liability Company  | were filed on $\frac{0}{0}$                                    | and assigned   |
| Florida document number 122000054743   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liab  | pility company here:   |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | ility Company," the designation "LLC                           | " or the abbreviation "L.L.C."                         |
| Enter new principal offices address, if applicable:  | <del></del>  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
| Variation and drawn if applicables   |  | - W. W. & C  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter                                  | the name of the new registered                         |
| agent major the new registered office address neve.  |  |  |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
| New Registered Office Address.   | Enter Florida street addres                                    | ,  |
|  | , Fl   | orida  |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent   | <u> </u>   |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | e performance of my duties, as<br>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

| Title | Name          | Address                                 | Type of Action |
|-------|---------------|---|----------------|
| AMBR  | Melissa L Day | 730 US Hwy 231                          | □Add           |
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Filing Fee: \$25.00