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| Certified Copies        | Certificates         | of Status |
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| Special Instructions to | Filing Officer:      |           |
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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Gulf Equipment And Repair, 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:   |
| Charles Burke Denny Name of Person  |
| Gulf Equipment and Repair LLC   |
| 730 N Highway 231   |
| Panama City FL 32405  |
| Chrestee Quif fence con. com E-mail address (a) be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Christie Gentry at (850) 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 & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & 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 810    |

Tallahassee, FL 32303



August 21, 2023

CHRISTIE GENTRY 730 N HIGHWAY 231 PANAMA CITY, FL 32405

SUBJECT: GULF EQUIPMENT AND REPAIR LLC

Ref. Number: L22000064537

We have received your document for GULF EQUIPMENT AND REPAIR 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.

Neysa Culligan Regulatory Specialist III

SEP 28 2023

Letter Number: 223A00019290

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

| Gulf Equipment ar   | od Repair LL 2023 SEP 28 PM 1:39                                   |
|---|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | iv as it now appears on our records.)                              |
| The Articles of Organization for this Limited Liability Company   | were filed on and assigned   |
| Florida document number <u>L 220000 CU 537</u>  | •  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ty 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:   | 1  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address                                       |
|   |  |
| <del></del>   | , Florida<br>City 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, 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 Way | 730 US Hwy 231                       | □Add           |
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| ctive date, if other than the date of filing: (o   | optional)                     |
| ctive date, if other than the date of filing:  |                               |
| iment's effective date on the Department of State's records.                                       |                               |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of | of: (b) The 90th day after th |
| filed.   |                               |
| 11 Sept 15 2023  |                               |
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| Signature of a member or authorized representative of a member                                     |                               |

Filing Fee: \$25.00