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PICK-UP	WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fill	ing Officer:	





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04/03/24--01010--005 \*\*25.00

## **COVER LETTER**

	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	SHERRI BOGGS		
		Name of Person	
		Firm/Company	
	123 SANTEE DR		
	,	Address	
	PANAMA CITY , FL 324	04	
	PCTOWS@GMAIL.COM	City/State and Zip Code	
		to be used for future annual report notific	cation)
further information c	oncerning this matter, please ca	all:	
ERRI BOGGS		850 6281458	
Name o	f Person	at () Area Code Daytime	Telephone Number
losed is 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addres	<u>s:</u> Section	Street Address: Registration Sect	

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

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Registration Section

TO:

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

PANAMA CITY TOWING & TRANSPORT 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  $\frac{03/24/2023}{2}$ and assigned Florida document number L23000187526 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PANAMA CITY TOWING 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, 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
			□Add
			Remove
			□ Change
			\ \_Add
			□Remove
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		<del></del>	Remove
			□Change
			□Add
			□Remove
			□ Change

	Name Change
	Panama City Towing UC
(If an ef Note:	tive date, if other than the date of filing:    29   20
If the recor	rd 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 ided.
Dated	3 29 2024  Signature of a member or authorized representative of a member

Filing Fee: \$25.00