# U800116161

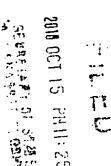
•	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL.
	(Business Entity Name)	
	(Document Number)	
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Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	

Office Use Only



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M. MILLIGAN OCT 20 2018

## **COVER LETTER**

SUBJECT: Prior	Name of Limite	+ Transport LLC	o
The enclosed Articles of An	nendment and fee(s) are subm	uitted for filing.	
		· ·	
Please return all correspond	ence concerning this matter to	o the following:	
	Pairry P	Name of Person	
	Priority E	reight Transpor	+ LLC
	7860 W	Commercial B1	vd
	Lauderhill	FL 33351 City/State and Zip Code	
	Priority frei E-mail address: (to	ght transport e gn be used for future annual report notificati	nail.cam
For further information cond	cerning this matter, please call	l:	
Pairry Ple Name of Po	rrson .	at (954) 861-7 Area Code Daytime Tel	985 ephone Number
Enclosed is a check for the f	ollowing 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

TO:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priority Freigi (Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)  and accompany
The Articles of Organization for this Limited Liab	and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	0X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	City Zin 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Pairry Pierre	11650 NW56th DrApt 102 coral pprings, FL 33070	□ Add
			Remove
			Change
MGR	Pairry Pierre		
	·	[1650 NW56+ Or Apt 102] Coral Springs, FL 33076	P Remove
	0		☐ Change
MGR	Pairry Pierre	<del> </del>	Add
		11650 NW 56th Or # 102 Coral springs, FL 33076	Remove
			Change
MGR	Painry Pierre		🗆 Add
		11650 NW 56th Dr # 102	C Remove
			Change
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`ffecti	ve date, if other than the date of filing: (optional)
f an eff <u>Vote:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent'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 90th day after the record is filed.
Dated	
Jaicu	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized genresentative of a member
	Signature of a memory of address representative of a memory
	Pairry Pierre Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00