11000082240

(F	Requestor's Name)
(<i>i</i>	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
MECEIVE Zanamay 30 PM 4:32	LIAHASSEE, FLORIDA
	Office Use Only



400299415034

05/31/17--01004--025 **60.00



D. SCOTT JUN 1 2017 3 of 6

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

First Response Traffic Control 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:

Lloyd Jonathan Jones Jr

Name of Person

First Response Traffic Control LLC

Firm/Company

2809 Thomas St

Address

Ft. Myers Fl 33916

City/State and Zip Code

mrbugjonz1@gmail.com

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

For further information concerning this matter, please call:

Lloyd Jonathan Jones Jr

at (239, 470-7853

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Response Traffic Control LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Conformation Florida document numberL1700082240	ompany were filed on04/1	2/2017	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limi	ted liability company here:		1 SECON 1 1
N/A			200
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the al	bbreviation "L.E.C."
Enter new principal offices address, if applicable:	<u> </u>	N/A	mg a O
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N	/A	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	<u>ress here</u> :	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A Enter Florida stre	et address	
	N/A	, Florida	N/A
	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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

5 of 6 mending 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
MGR	Jones, Jonathan L	2809 Thomas St	Add
		Ft. Myers	⊠ Remove
		FI 33916	Change
AMBR	Lloyd Jonathan Jones Jr	2809 Thomas St	⊠ Add
		Ft. Myers	Remove
		Fl 33916	Change
MGR	Lloyd Jonathan Jones Jr	2809 Thomas St	⊠ Add
		Ft. Myers	☐ Remove
		FI 33916	☐ Change
			Add
			☐ Remove
			Change
			TO AND T
			W T
			Change Add
			□ Remove

iran	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·	
		<u></u>
	一 <u>一</u> 。	彭
		30
		FH 12:
		. ² .
		à
Effec	tive date, if other than the date of filing: (optional)	
(If an e	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister.	0207 (3) d as the
	nent's effective date on the Department of State's records.	
tha -a	good expelifies a delayed effective date, but not an effective time, at 12,01 a.m. on the cardio	f.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie $2:01$ 90th day after the record is filed.	ı oı.
Dated	May 24, 2017	
	hely In it has he	
	Signature of a frember or authorized representative of a member	
	<i>"</i>	

Page 3 of 3

Filing Fee: \$25.00