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SECRETARY OF STATE
TALLAHASSEE, FLORIO

COVER LETTER

10:		ition Section of Corpor		Ì		
			Priorit	y Transit LLC.	1	
SUBJI	ECT:			·		 -
			Name of Lim	ited Liability Company		
The en	closed Art	icles of Am	endment and fee(s) are sub-	mitted for filing.		
Please	return all c	orresponde	ence concerning this matter	to the following:		
				Nathaniel Cooley	[
				Name of Person		· · · · · ·
				Priority Transit LI	k.	
				Firm/Company		
				1374 Skagway T	етасе	
		Address				
North Port, FL 34291					1	
				City/State and Zip C	ode	
			n	ecooley@gmail.com		
		_	E-mail address: (to be used for future an	nual report notification	1)
For fur	rther inform	nation conc	erning this matter, please co	ıll:		
		Nathaniel	Cooley	941 at () 14-1622	
		Name of Pe	rson	Area Code	Daytime Telep	ohone Number
Enclos	icd is a che	ek for the f	ollowing amount:			
□ \$2	5.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing 1 Certified Cop (additional copy	у	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILING ADDRESS: Registration Section			REET/COURIER A	DDRESS:
			on Section f Corporations		stration Section sion of Corporations	ì
		P.O. Box 6	5327	CliA	on Building	
		Fallahasse	ec, FI. 32314		Executive Center C hassee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pri	ority Trans	it LL¢.			
(Name of the Limited Liahii (A Florid	lity Compar la Limited L	iv as it no lability C	ow appear ompany)	s on our records.)	·
The Articles of Organization for this Limited Liability (Company : 	were fil	ed on	January 26, 2018	and assigned
his amendment is submitted to amend the following:		l l			
A. If amending name, enter the new name of the lin	nited liabi	lity con	ipany he	ere:	
N/A		1			
he new name must be distinguishable and contain the words "Lie	mited Liabili	іту Сопц	any," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		· · · · · · · · · · · · · · · · · · ·	TAE TAE
Principal office address MUST BE A STREET ADD	RESS)				LA L
Enter new mailing address, if applicable:		N/A			ARY OF STARSEE. FLO
Mailing address MAY BE A POST OFFICE BOX)			-		3. O. W.
3. If amending the registered agent and/or registered agent and/or the new registered office adversed of New Registered Agent: New Registered Office Address: N/A			dress on	our records, <u>ente</u>	r the name of the new
			Enter Flor	rida street address	
		City	<u> </u>	, Florida _	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:				
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete agent as p red office	perforn rovided	nance of A for in (my duties, and I an Chapter 605, F.S. O	n familiar with and r, 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 **Type of Action Address** <u>Title</u> <u>Name</u> Myra J Cooley MGR ☐ Remove □ Change N/A □ Add ☐ Remove □ Change N/A □ Add ☐ Remove □ Change N/A ☐ Remove ☐ Change N/A □ Add ☐ Remove □ Change N/A ☐ Remove ☐ Change

N/A	
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	7: 07
January 26, 2018	
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutory filing re	
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of
February 27 2018	
ed	
$\mathcal{A} / \mathcal{A} $	
Signature of a greenber of anthorized representative of	a member
Nathaniel Cooley	
Nathanier Cooley	

Page 3 of 3

Filing Fee: \$25.00