

L21000040616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

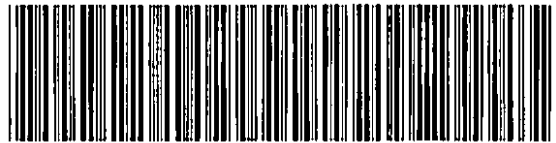
(Business Entity Name)

(Document Number)

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Tulsa, Oklahoma

LS  
5/24/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

FIRST PERFORMACE LOGISTICS, 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:

HEMLEY E. PADILLA

Name of Person

FIRST PERFORMANCE LOGISTICS, LLC

Firm/Company

5241 SW 144 AVENUE

Address

MIAMI, FL 33175

City/State and Zip Code

HEMLEYEPADILLA@COMCAST.NET

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

For further information concerning this matter, please call:

HEMLEY E. PADILLA

305

608-9344

at ( )

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 Address:**

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**

FIRST PERFORMANCE LOGISTICS, 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 01/20/2021 and assigned  
Florida document number L21000040616.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FIRST PERFORMANCE LOGISTICS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2021	APR - 5 PM 03:17
APR - 5 PM 03:17	
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**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2021	APR - 5 PM 03:17
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**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

\_\_\_\_\_, **Florida** \_\_\_\_\_

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Time	Temp	Humidity	Wind Speed	Wind Direction	Cloud Cover	Pressure	Visibility	Remarks
0000	10.0	85	1.5	090	100	1013.2	10.0	Clear
0100	9.5	80	1.0	090	100	1013.5	10.0	Clear
0200	9.0	75	1.0	090	100	1013.8	10.0	Clear
0300	8.5	70	1.0	090	100	1014.0	10.0	Clear
0400	8.0	65	1.0	090	100	1014.2	10.0	Clear
0500	7.5	60	1.0	090	100	1014.5	10.0	Clear
0600	7.0	55	1.0	090	100	1014.8	10.0	Clear
0700	6.5	50	1.0	090	100	1015.0	10.0	Clear
0800	6.0	45	1.0	090	100	1015.2	10.0	Clear
0900	5.5	40	1.0	090	100	1015.5	10.0	Clear
1000	5.0	35	1.0	090	100	1015.8	10.0	Clear
1100	4.5	30	1.0	090	100	1016.0	10.0	Clear
1200	4.0	25	1.0	090	100	1016.2	10.0	Clear
1300	3.5	20	1.0	090	100	1016.5	10.0	Clear
1400	3.0	15	1.0	090	100	1016.8	10.0	Clear
1500	2.5	10	1.0	090	100	1017.0	10.0	Clear
1600	2.0	5	1.0	090	100	1017.2	10.0	Clear
1700	1.5	0	1.0	090	100	1017.5	10.0	Clear
1800	1.0	0	1.0	090	100	1017.8	10.0	Clear
1900	0.5	0	1.0	090	100	1018.0	10.0	Clear
2000	0.0	0	1.0	090	100	1018.2	10.0	Clear
2100	0.0	0	1.0	090	100	1018.5	10.0	Clear
2200	0.0	0	1.0	090	100	1018.8	10.0	Clear
2300	0.0	0	1.0	090	100	1019.0	10.0	Clear

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 12, 2021

*Handwritten signature*  
(Signature of a member For audit)

Signature of a member or authorized representative of a member

HEMLEY E. PADILLA

Typed or printed name of signee

**Filing Fee: \$25.00**