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05/05/23

NAME:

FIRST CHOICE LOGISTICAL SOLUTIONS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Division of C	Section orporations		
FIRST C SUBJECT:	THOICE LOGISTICAL SOLUT	IONS, LLC	
<u></u>	Name of Lir	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	hmitted for filing.	
Please return all corres	pundence concerning this matter	r to the following:	
	DWAYNE HILLSMAN		
		Name of Person	
		Firm/Company	
	4500 NE 1ST TERRACE		
	POMPANO DE ACILICI	Address	
	POMPANO BEACH, FL		
	HILLSMANDWAYNE160	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please e	·	
DWAYNE HILLSMA	<u></u>	561 843-0219 at ()	
Name	of Person		ne 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of 0	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of T	
i anamaset,	* ** */ ** ** T	2413 IN. IVIONIO	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 ED 2023 11 /-5 PH 3: 02

FIRST CHOICE LOGISTICAL SOLUTIONS, 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

[A Florida Company]

[A Florida Limited Liability Company]

A. If amending name, enter the new name of the lin	mited liability compan	y here:	
ALL AMERICAN TOWING AND TRANSPORT LLC			
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on o	ir records, enter the na	ne of the new registered
agent and/or the new registered office address here:		<u> </u>	ne or the new registered
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
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