L22 000 170 591

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
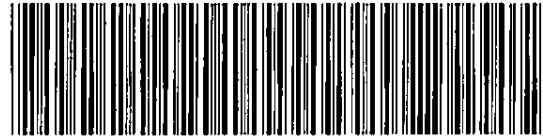(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900425698989

03/15/24--01012--015   **25.00

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Price & Riser Dispatch and 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:

LaTasha Freeman
_____
                    Name of Person

Price & Riser Dispatch and Logistics LLC
_____
                    Firm/Company

104 B- Buck Lake Rd
_____
                    Address

Tallahassee, FL 32317
_____
                City/State and Zip Code

jriserent@gmail.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaTasha Freeman   850   766-2246
_____   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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee.
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                  (additional copy is enclosed)   Certified Copy
                                                                           (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                      Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jarrell Riser	104 B Buck Lake Rd	☐Add
		Tallahassee, FL 32317	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change