## 122000 240 458

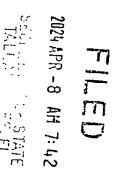
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Title

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## **COVER LETTER**

10:	Division of Cor			
SUBJEC	Contract Con	y Transport LLC	•	
SOBIL		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Zachary Mitchell		
			Name of Person	
		First Priority Transport LL	С	
		<del></del>	Firm/Company	
		11 Baymont Street Apt 508	3	
			Address	
		Clearwater FL 33767		
			City/State and Zip Code	
		zack@firstprioritytrans.com  E-mail address: (	to be used for future annual report i	notification)
For furth	er information c	oncerning this matter, please ca	•	
Zachary	Mitchell		727 385-5732	
	Name o	f Person	at () Area Code Day	nime Telephone Number
Enclosed	d is a check for the	ne following amount:		
■ \$25.	.00 Filing Fee	S30.00 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 S		Street Address: Registration	
	Division of C P.O. Box 632	-	Division of C	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

/BI	7. IT. 12. C.		444.1	
	ited Liability Company as i (A Florida Limited Liabilit			· <del>-</del>
The Articles of Organization for this Limited I	Liability Company were 240 458	filed on	Trial .	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability o	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:			<del></del>
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<del> </del>	
Enter new mailing address, if applicable:				. <u>-</u>
(Mailing address MAY BE A POST OFFICE	<u> </u>			·
B. If amending the registered agent and/or agent and/or the new registered office address.		ss on our recore	is, <u>enter the nam</u>	e of the new reg
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address , Florida  City Zip Code		
		Ĭţŷ		Zip Code

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 = Manager

<u>Title</u>	Name	Address	Type of Action
OMUSE Polives	Angel Pizarro	<del></del>	□∧dd
			□Remove
			■Change
			□Remove
			Change
			□ Add
		<del></del>	□Remove
			☐ Change
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			☐ Change
			□Add
			□Remove
	<del></del>	☐ Change	
		<del></del>	
			□Remove
			□Change

Effective date, if other than the date of filing:  [Optional]  Fan effective 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 605,0207 (Note: I'll the date inserted to list block does not meet the applicable statutory filing requirements, this date will not be listed as I document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the right of the filed.  Dated 4 12 Africal 2 2024.  Signature of a healther or authorized representative of a member 2 achary Mitcheli	II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated 4/2-Afril 2 <sup>-1</sup> 2024.  Signature of a member or authorized representative of a member	f an ci Note:	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 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	d is f	iled.
	Dated	4/2-April 2 <sup>-1</sup> . 2024.
		Signature of a member or authorized representative of a member



April 11, 2024

ZACHARY MITCHELL 11 BAYMONT STREET APT 508 CLEARWATER, FL 33767

SUBJECT: FIRST PRIORITY TRANSPORT LLC

Ref. Number: L22000240458

We have received your document for FIRST PRIORITY TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 524A00007883

Anissa Butler Regulatory Specialist II