## KAA 000 274825

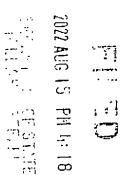
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Canada Instructions to	Ciling Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER NOV - 3 2022

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Taylor Tefft				
		Name of Person			
	PRIORITY ONE LOGIST	TCS SERVICES LLC			
		Firm/Company			
	138 w New york ave, ste 5 Address				
	deland, fl 32720				
		City/State and Zip Code			
	taylor@priorityone-logistic				
		to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please of	all:			
taylor tefft		386 588-9662			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	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 Addres	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

10

PRIORITY ONE LOGISTICS SE		2022, AUG 15 PM 1: 18	
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mnany)	
The Articles of Organization for this Limited I Horida document number 1.22000274825	Liability Company were filed	d on 6/16/2022 TILLAR and assigned	
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
		y," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli		<del></del>	
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:			
Mailing address MAY B <u>E A POST OFFICE</u>	BOX)		
	<del></del>		
3. If amending the registered agent and/or gent and/or the new registered office address.	•	n our records, enter the name of the new register	
Name of New Registered Agent:	taylor tefft		
New Registered Office Address:	138 w new york ave ste 5		
Hadisən Silver Hadieni	Enter Florida street address		
	deland	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT LAND	138 W NEW YORK AVE STE 5	
		DELAND, FL 32720	≅Remove
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locument's	effective d	late on the Departn	ient of State's rec	ords.				
record spec d is filed.	iities a deli	ayed effective date.	, but not an effecti	ive time, at 1	2:01 a.m. on	the earlier o	of: (b) The 90t	h day after the
AUG ated	UST 9		. 2022	·				

Filing Fee: \$25.00