

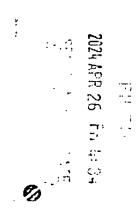
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT:	tright 60	ted Liability Company		<del>:</del>
	Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing		
Please return all corresponde	nce concerning this matter to	o the following:		
	Zacharo	Mitchell		
•		Name of Person		
	Freight	Grine LLC		
		Firm/Company		
	3082 L-~	1 merk Blub Address	Alt 1703	
	Polo Harb	City/State and Zip Code	(4)	
-		14 (rior 474/2).		
For further information conc	erning this matter, please ca	11:		
Zachary M Name of Pe	rson	at ( <u>727</u> )	385-57	3 L one Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee (	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

Freight Coninc L	LC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 05/05/2023	_ and assigned
Florida document number L 23000 24 635 2		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
First Priority Internations The new name must be distinguishable and contain the words "Limited Li	1 440	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)	)	<u> </u>
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		o
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offi	ice 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

### AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effectiv Note: If the	date, if other than to e date is listed, the date in the date inserted in this is effective date on the	must be specific and a block does not m	cannot be prior to seet the applicabl	date of filing or more	(option than 90 days after fi quirements, this o	ling.) Pursuant to 605.	0207 ( ed as t
e record sp rd is filed.	ecifies a delayed effec	tive date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
Dated	MAR. )	٠	2024				
	Jal	Signature of a n	nember or authoriz	ed representative of a	member		
	-	- \		name of signee			