La4000096753

| (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: |
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Office Use Only



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| TO: | Registration Se Division of Cor | | | | | |
|----------------|------------------------------------|---|---|---|--|--|
| SUBJE | | raffic Services, LLC | | | | |
| SUBJE | C1: | Name of Lim | ited Liability Company | | | |
| | | | | | | |
| | | Amendment and fee(s) are sub | · | | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | | |
| | | Robert S. Jordan | | | | |
| | | | Name of Person | | | |
| | | Precision Traffic Services. | LLC | | | |
| | | | Firm/Company | | | |
| | | PO Box 507 | | | | |
| | | | Address | | | |
| | | Macclenny, FL 32063 | | | | |
| | | City/State and Zip Code | | | | |
| | | steven@precisionts.biz | | | | |
| | | E-mail address: (| to be used for future annual report notifi- | cation) | | |
| For furt | her information c | oncerning this matter, please c | all: | | | |
| Steven . | Jordan | | 904 657-3279 | | | |
| - | Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclose | d is a check for th | ne 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) | | |
| | Mailing Address Registration S | | <u>Street Address:</u> Registration Sect | tion | | |
| | Division of C | | Division of Corp | | | |
| | P.O. Box 632 Tallahassee, l | | The Centre of Ta 2415 N. Monroe | illahassee Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi | ted Liability Co (A Florida Limi | mpany as it now appears on onited Liability Company) | records.) | |
|---|-------------------------------------|--|---------------------|--------------------|
| The Articles of Organization for this Limited I. Florida document number L24000096753 | iability Comp | any were filed on February 2 | 26, 2024 | and assigned |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name o | of the limited | liability company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited I | iability Company." the designation | on "LLC" or the abb | revistion "L.L.C." |
| Enter new principal offices address, if applic | cable: | N/A | | |
| Principal office address MUST BE A STRE | ET ADDRESS | 5) | | |
| Enter new mailing address, if applicable: | | N/A | | |
| Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | ice address on our records, | enter the name | of the new regis |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | | | |
| | | Enter Florida stree | ı address | <u>.</u> |
| | | | Florida | <i>(</i> _ |
| | | City | · | Zip Code |

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 |
|--------------|----------------|---|----------------|
| AMBR | Patrick Coomer | 508 Abbotsford Ct., St. Johns, FL 32259 | ≅ Add |
| | | | □Remove |
| | | | Change |
| AMBR | Jason Johns | 102 Riverside Dr., Satsuma, fl 32189 | 🖬 Add |
| | | | ПRетюve |
| | | | □ Change |
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| [ecti | ve date, if other than the date of filing: (optional) |
| n effe | ctive 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 605.02 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
| | |
| | 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 |
| is fil | ed. / |
| | April 14 2024 = 1 |
| uea _. | |
| | told Jord |
| | Signature of a member or authorized representative of a member |
| | V |

Filing Fee: \$25.00