| (Re | equestor's Name) | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Priority Services Solution LC. (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: |
| Virginia Marting (Name of Person) Virginia Marting (Firm/Company) |
| 8293 SW 158 A VI (Address) |
| Miami, Fl. 33193. (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Unginia Marting at (305) 562-6892 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priority Services Solution Itc (Present Name) (A Florida Limited Liability Company)

| | , | |
|--------|--|-----------|
| FIRST: | The Articles of Organization were filed on $10/24/06$ and assigned document number 6.95758 . | |
| SECOND | This amendment is submitted to amend the following: | |
| | a- Please Remove Lazaro M. Martinez from | |
| | the filed Organization and Vinginia | |
| | | |
| | | |
| | she will be the only person in the | |
| | Organization. | |
| | s- Please change the name of the | |
| | Organization to bo: | |
| | "Prinritu Mortagge Network ILC." | |
| | PRIDRITA MORTAGUE NOTIONER J.C. | |
| | M- Please Add (EIN) in the websile | |
| i | FIN# 20-5779117. | |
| | | 9 |
| Dated | <u>93 07</u> , <u>200+</u> . | /ISIC |
| | MAR. | |
| | 7 | F CO |
| | Signature of a member or authorized representative of a member | E SE |
| | | 異なる |
| | Virginia Martinez AZARO MARTINEZ | HOH JE |
| | Typed of printed name of Signee | × .= |

Filing Fee: \$25.00