L100000023783

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(Requ	estor's Name)
(Addre	ess)
. (Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docui	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
	A. LUNT
	SEP 20 2010
E	EXAMINER

Office Use Only



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2010 SEP 17 PM 15 29
SEGNE TARY OF STATE

COVER LETTER

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:	PRIORIT	Y PAYROLL, LLC		
3000ECT	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
•		JOEL BAUM		
		Name of Person		
	BA	AUM & COMPANY, P.A.		
		Firm/Company		
	605 L	INCOLN ROAD, SUITE 210	0	2010 SEP 17 PM IN 20 SECRETARY OF STATE TALLAHASSEE FLORID
		Address		
	MIAM	II BEACH, FLORIDA 33139	9	PIZ PN N 2
		City/State and Zip Code		75 3
	JC E-mail address:	DEL@JBAUMCPA.COM (to be used for future annual report noti	ification)	OR TO
For further information	concerning this matter, please		· -	Şm 🐞
	-			
	JOEL BAUM	at (954)	752-1712 ne Telephone Number	
Name	of Person	Area Code & Dayiii	ne retepnone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
Regis	LING ADDRESS: stration Section sion of Corporations	STREET/COUR Registration Sect Division of Corpo		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIORITY PA	ÝROLL, LL <u>C</u>			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	<u>'s on our records.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	03/03/2010	and assigned	
Florida document numberL0000023783				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company her	<u>·e</u> :		
INNOVATIVE PAYROL				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	my," the designation "	LLC" or the abbrevi	iation
Enter new principal offices address, if applicable:	N/A		TLAHA THA	·
(Principal office address MUST BE A STREET ADDRESS)				
			7 × SEES	
				1 13
Enter new mailing address, if applicable:	N/A		95 m	- Carried
(Mailing address MAY BE A POST OFFICE BOX)			S 65	
D. IC die the maintain de seut end/on maintain de		our records onton	the name of the	—
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the	печ
N CNL. Barbarral Array				
Name of New Registered Agent:				
New Registered Office Address:	<i>T</i> 7.	nter Florida street ad	Iduaca	
	En	uer rioriaa street aa	uress	
	C'.	, Florida	Zip Code	
	City		Zip Coae	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			And
			SERY Add P
			☐Add ☐Remove
		ge(s) here: (Attach additional sheets, if necessa	ry.)
_			
Dated	9/15/ . 20	110.	<u></u>
		er or authorized representative of a member	
	Typec	JOEL BAUM d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00