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(Re	questor's Name)	
(Add	dress)	
——(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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JUN 1 5 2020 S. YOUNG

COVER LETTER

TO:

	istration Se sion of Cor			
SUBJECT:	PRIO	RITY TITANS RESTOR	ATION LLC	
solvier.	•	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:	
			LOVETTE DOBSON	\
			Name of Person	
			INCFILE.COM LLC	
			Firm/Company	
		17350	STATE HWY 249 ST	TE 220
			Address	
			HOUSTON, TX 7706	34
			City/State and Zip Code	
			ILE1234@INCFILE.C	
For further in	formation of	oncerning this matter, please c		epon nonneadon)
1 of futurer in	iorniacion ci	oncerning this matter, please c	ali.	
		TTE DOBSON	at (<u>855</u>)	829-9090
	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
∑ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Reg Div P.O	ling Addres distration S ision of C . Box 632 ahassee, F	Section orporations 7	Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIORITY TIT	ANS RESTORATIO	NII C	
(Name of the Limited Liability (A Florida L			20 - 6 1
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	04/21/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	ere:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ·	
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:	-		·
(Mailing address MAY BE A POST OFFICE BOX)		_	
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, enter the 1	name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
·	Enter Flor	rida street address	
		, Florida	ı
	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>	<u>Address</u>	Type of Action
AMBR	DAVIDI EFRAIM	7482 SAN CLEMENTE PL	
		BOCA RATON, FL 33433	
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
		·	□Change
			□ Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

Effective date, if other than the date of filing: ((If an effective due is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record 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 cord is filed. Dated		· · ·			-	
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			100 454 004	I E N I		

Filing Fee: \$25.00