LD9000086516

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COVER LETTER

TO:

Registration Section
Division of Corporations

PRIORITY RE INVESTMENTS, LLC.

SUBJECT:

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:

MARTHA TOLEDO Name of Person	
· Firm/Company	
5901 SW 45 STREET	
Address	
MIAMI, FL 33155	
City/State and Zip Code	
LOUIS@TSROOFINGSYSTEMS.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

LOUIS TOLEDO

_305 **\519-190**9

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□S55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration 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 ARTICLES OF ORGANIZATION **OF**

PRIORITY RE INVESTMENTS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/08/2009 and assigned
Florida document number L0900086516	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ALLAPATTAH HOLDINGS, LLC.	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME ADDRESS
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SAME ADDRESS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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 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 for Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove

C) Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
_	
ted	
	Signature of sinember or authorized representative of a member
	MARTHA TOLEDO
	Typed or printed name of signee

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Filing Fee: \$25.00