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J. BRYAN

MAR 1 0 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		;		
SUBJECT:	Priority	1 Motors LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Joel Murray		10 MAR -9 PM 1:59 SECRETARY OF STATE FALLAHASSEE, FLORID
		Name of Person		E R
Priority 1 Motors				MAR -9 PH I
Firm/Company				F. 2
	5205	5 Babcock St NE Suite #7		1: 55 STAT ORI
		Address		
		Palm Bay Fl 32905		
City/State and Zip Code				
	Pric	Priority1motors@cfl.rr.com E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please of	•	,	
	Joel Murray	at (<u>321</u>)	574-1152	
Name	of Person	Area Code & Daytii	me 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 enclose	ed) Certified	e of Status &
	LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARSEE. FL		o 早 :	FILED
J. io.	記が	50	

P	riority 1 Motors LLC		75
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	irs on our records.)	ATE DE LINE
The Articles of Organization for this Limited Liab	ility Company were filed on	3 March 2006	and assigned
Florida document number L0600003186	62		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	re:	
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		, .	
Mailing address MAY BE A POST OFFICE BO	<u></u>		
			.
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter th	ne name of the nev
egistered agent and/or the new registered wine	e address nere.		
Name of New Registered Agent:			
New Registered Office Address:	·	nter Florida street addr	
	E.	sas	
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR John Murray 334 Michigan Ave ☐ Add ✓ Remove Indialantic FL32903 MGR Karen Murray 334 Michigan Ave ✓ Add Indialantic FI 32903. Remove Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.), 1 March 2010 Dated ___ Signature of a member or authorized representative of a member Joel Murray Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00