106000068843

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300180207573

05/06/10--01004--004 **25.00

SECRETÀ PROPSTATE
DIVISION OF CORPORATION

10 APR -5 PM 19: 9 18

T. HAMPTON

MAY - 6 2010

EXAMINER

COVER LETTER

TO:

то:	Registration Sect Division of Corpo			
SUBJECT: FAMILY PRIORITY LENDING L				
		Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			LISA MARRERO	
			Name of Person	
FAM		FAMIL	Y PRIORITY NETWOR	RK
			Firm/Company	
		PO BOX 1470		
			Address	
		GIBSON'	TON FLORIDA 33534	-1470
		0.000.1	City/State and Zip Code	1770
		ADMIN@FAN	MILYPRIORITYNETWO	RK.COM
Г С	41 ! . C 41		-	nottrication)
ror tur	ther information cor	ncerning this matter, please c	aii:	
		MARRERO	at (_813)	938-8559
	Name of I	Person	Area Code & Da	ytime Telephone Number
	ed is a check for the	-		_
[√] \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section 1 Section 2 Sectio
		IG ADDRESS:		URIER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration S Division of Co	
		6327	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY PRIORITY LENDING 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 JULY 11, 2006 and assigned L06000068843 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FAMILY PRIORITY NETWORK LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			∏Add Remove		
			Add Remove		
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	ಲ		
			SECRETARY OF STATE VISION OF CERTOR ATIO		
Dated	APRIL 26 , 20	 ·	SKI DE		
		or authorized representative of a member	 ,-		
		SA MARRERO or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00