L08000074693

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SECRETARY OF STATE

J. BRYAN

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EXAMINER

COVER LETTER

то:		on Section f Corporations			
SUBJ	ECT:	PRIORITY DI	GITAL SOLUTIONS,	LLC	
			Limited Liability Company		
The er	nclosed Articl	es of Amendment and fee(s) are	submitted for filing.		
Please	return all cor	rrespondence concerning this ma	atter to the following:		
			VINCENT A. KOCH		_
			Name of Person		
		PRIOR	RITY DIGITAL SOLUTION Firm/Company	S, LLC	
			rini/company		
			932 NE 24TH LN. UNIT 6	3	50 0
			Address		ECR ECR
			CAPE CORAL, FL. 33909	}	09 OCT 19 PH 2: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
			City/State and Zip Code		SEE SEE
		VINCE@PI	RIORITYDIGITALSOLUT	IONS.COM	EFFE FFFS
		E-mail addre	ss: (to be used for future annual repor	t notification)	TATE ORIDA
For fu	rther informat	tion concerning this matter, plea	se call:		DM W
		VINCE KOCH	at (_239_)	265-1419	
	Ni	ame of Person	Area Code & D	Paytime Telephone Numbe	г
Enclos	ed is a check	for the following amount:			
	5.00 Filing Fe	•	\$55.00 Filing Fee &	560.00 Fit	ling Egg
Ψ2.	, soo i mig i e	Certificate of Statu		Certifications Certified	ite of Status &
MAILING ADDRESS: Registration Section		IAILING ADDRESS: egistration Section	STREET/CO Registration	DURIER ADDRESS: Section	
	D	ivision of Corporations O. Box 6327	Division of C Clifton Build	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIORIT	Y DIGITAL	SOLUTIONS	S, LLC		
(Name of the Limited) (A)	<u>Liability Compa</u> Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia Florida document number L080000746	• • •	were filed on	08/04/2008	and ass	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	ny," the designation "	LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:	932 NE 24TH	I LN. UNIT 6	Z E	>
(Principal office address MUST BE A STREET	(ADDRESS)	CAPE CORA	L, FL. 33909	<u>- 돌음 </u> 등	
Enter new mailing address, if applicable:		PO BOX 35		Y OF	e m
(Mailing address MAY BE A POST OFFICE BOX)		ESTERO, FL	. 33929	2: 53	
B. If amending the registered agent and/or registered agent and/or the new registered office agent. Name of New Registered Agent:		<u>e</u> :	our records, <u>enter</u>	the name o	of the new
New Registered Office Address:	932 NE 24T	TH LN. UNIT 6			
now registered errice reducess.			ter Florida street add	dress	
	CA	APE CORAL City	, Florida	3390 Zip Code	
New Registered Agent's Signature, if changing Real Property is the supposite of the supposi			angeity I further go	rree to com	alv with

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amer	nding any other information, enter chan	age(s) here: (Attach additional sheets, if necessar	——————————————————————————————————————
_			O9 OCT 19 PH
Dated		·	FLORIDA
	x Kings & O Z	and the second second	
	V	er or authorized representative of a member INCENT A KOCH ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00