# Florida Department of State

Division of Corporations Public Access System

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LAZARUS CORPORATE WILLING SERVICE, INC. : 1200000000019

Account Number

(305) 552-5973

Phone

(305)220-1440

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### FIRST PRIORITY SOLUTIONS LLC

Certificate of Status	0
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J. BRYAN

SEP 1 4 2009

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FAX NO. :3052201440

Sep. 11 2009 02:16PM P2

## H 0 9 0 0 0 1 9 9 4 1 7 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	First Priority Solution	ns LLC	
(Name )	M the Limited Liability Company as it is (A Florida Limited Liability (	ombath) om sometis on ball Lecalor)	
The Articles of Organization for the	nis Limited Liability Company were file	ed on 05/15/2009	And assteried
Florida document number	L09000047914		
This amendment is submitted to a	mend the following:		
his amendment is submitted to amend the following:  If amending name, enter the new name of the United Hability company here:  The new name must be distinguishable and and with the words "Limited Liability Company," the designation "LLC"  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Malling address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:			
		V	50 S
The new name must be distinguished "L.L.C."	le and end with the worth "Limited Liabil	lity Company," the designation "I	LO De the above inflite
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Enter new mailing address, if ap	plicable:		<u> </u>
(Malling address MAY RE A PO	ST OFFICE BOX		
		iress on our records, <u>enter t</u>	the name of the new
Name of New Registered	Agent:		
New Rogistored Office A	Address:		
	. )	Enter Florida street add	lress
		, 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 heing 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, Signafure of New Registered Agent

Page 1 of 2

INTERMEDIATE	ianager Managing Member		
Title	Name	Addron	Type of Action
MGR	RAFAEL FERNANDEZ	631 BROOKHAVEN DRIVE ORLANDO, EL 32803	Z Add Remove
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	September 11	2009	FLORA

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