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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. Guilgan OCT 16 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **PRIORITY ONE MANAGEMENT GROUP LLC**  
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:

**PETER VOIGT**

Name of Person

**PRIORITY ONE MANAGEMENT GROUP LLC**

Firm/Company

**113 N. HIGH STREET**

Address

**LAKE MARY FL 32746**

City/State and Zip Code

**PETER@ORLANDOMANAGER.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PETER VOIGT**

Name of Person

at **407 575-0365**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN ROLLAS	22 STONE STREET SOUTH LONGWOOD FL 32779	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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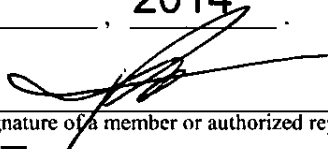
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/09, 2014



Signature of a member or authorized representative of a member

**PETER VOIGT**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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