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COVER LETTER

TO:

Registration Section 'Division of Corporations

PRIORITY ONE MANAGEMENT GROUP LLC

SUBJECT:

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

407 575-03

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 OCT 14 PH 1: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRIORITY ONE MANAGEMENT GROUP 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 04/19/2010	and assigned
Florida document number L1000041404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	165 N. 4TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	LAKE MARY FL 32746	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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 605, 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 Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Type of Action** Name <u>Address</u> **JOHN ROLLAS AMBR** 22 STONE STREET SOUTH LONGWOOD FL 32779 Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove ____ Add _____ Remove

If amending any other information, enter change(s) here: (Attach ac	dditional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cat the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated 10/09 2014	
Signature of a member or authorized represen PETER VOIGT	
Timed or printed name of sign	

Page 3 of 3

Filing Fee: \$25.00

