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EXAMINER



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SESTITATY OF SHATE

COVER LETTER

TO: Registration Division of C			•				
SUBJECT:	The Pri	est Group, LLC					
	Name of Lim	ited Liability Company	111				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.					
Please return all corres	pondence concerning this matte	r to the following:					
		Firm/Company					
		1138 SE 7th Street					
		Address					
		Ocala, FL 34471					
		City/State and Zip Code					
	E-mail address: (to be used for future annual report notifica	tion)				
For further information	concerning this matter, please of	call:					
Darla Priest Name of Person		at (352) 86 Area Code & Daytime 7	61-0887				
, vanie	, 5.1.1 5.156.1	, 33.2 2 3.2,					
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

Th	e Priest Group, LLC			_
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear orida Limited Liability Company)	rs on our records.)		
(ATT IC	maa Emmea Emonity Company)			
The Articles of Organization for this Limited Liabi	lity Company were filed on	June 9, 2011	and	assigned
Florida document number L1100006799				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :		
D	arla Lee Priest, LLC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation	"LLC" or the	ne abbreviation
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)	···		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	X)			
				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name	e of the new
registered agent and/or the new registered office	. auditess neite.			<u> </u>
Name of New Registered Agent:				
				S III
New Registered Office Address:	Fni	ter Florida street a	ddress -	g in
		. Florida	Sign in	- 0
-	City	, r iorida _	Shaip 6	ade

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> <u>Title</u> <u>Name</u> Type of Action ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Darla Priest Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00