# L12000064437

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SECRETARY OF STATE
TALL AHASSEF FLORIDA

D. BRUCE

OCT 18 2012

EXAMINER

# **COVER LETTER**

TO: Registration Division of C			Q.		
SUBJECT:	Priorit	ty H20, LLC			
<u></u>		ed Liability Company			
	of Amendment and fee(s) are subspondence concerning this matter	-		·	
	Tommy	D. Permenter, Jr., Esquire			
		Name of Person			
The Permenter Law Firm, P.A.					
		Firm/Company			
2201 S.E. 30th Avenue, Suite 202					
Address				IZ OCT	
		Ocala, Florida 34471			בר. הייו _ דיי
	_	City/State and Zip Code		17 PH 1:05 TARY OF STATE ASSEE, FLORID	
	E-mail address: (t	ny@Permenterlaw.com o be used for future annual report notifical	tion)	PH 1:0	
For further informatio	n concerning this matter, please ca	all:		38 OS	
	Permenter, Jr., Esquire	at ( <u>352</u> ) 62 Area Code & Daytime T	22-1811 elephone Number		
Enclosed is a check for	r the following amount:	•			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy	atus &	,

### MAILING ADDRESS:

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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

	ty H20, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeanited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	May 7, 2012	and assigned	
Florida document numberL12000064437				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			- <del> </del>	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		<u> </u>	
			<u> </u>	
Enter new mailing address, if applicable:			AMD ILED 7 PH RY OF SEEL	
(Mailing address MAY BE A POST OFFICE BOX)			55	
			05	
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:		.,_, •		
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered A	Ž		Lip Code	

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

.7 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 Type of Action Title Address Name MGRM Garrett Douglas 4360 N.E. 3rd Court ☐ Add ✓ Remove Ocala, Florida 34479 Garrett Douglas MGR 4360 N.E. 3rd Court ✓ Add Ocala, Florida 34479 ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10 October 2012 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Garrett Douglas
Typed or printed name of signee