

L12000008 3936 ✓

(Requestor's Name)

(Address)

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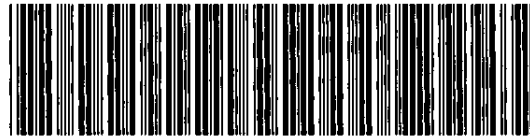
(Business Entity Name)

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EXAMINER



# STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN  
MARK G. TURNER  
BRIAN J. KNOWLES

JACK STRAUGHN  
(1925-2000)

October 9, 2012

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: PRIORITY PROPERTIES OF CENTRAL FL, LLC/  
Articles of Amendment  
Document No.: L12000088936  
Our File No.: 11112/0001

Dear Sir:

Please find enclosed herewith for filing the original Articles of Amendment to the Articles of Organization, incident to the above limited liability company. Further enclosed is our firm's check made payable to the Florida Department of State, in the total amount of \$25.00 which represents the filing fee for the Articles of Amendment. Please forward your acknowledgment of this filing to my attention at the above address.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

MARK G. TURNER

MGT/djb  
enclosures

cc: Juan Delgado, Manager  
prioritypropertiesofcentralfl\letter\fladep\amend-articles-llc

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PRIORITY PROPERTIES OF CENTRAL FL, 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 July 6, 2012 and assigned  
Florida document number L12000088936.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

141 West Central Avenue, Suite #15

Winter Haven, Florida 33881

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

141 West Central Avenue, Suite #15

Winter Haven, Florida 33881

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

MARK G. TURNER

**New Registered Office Address:**

255 Magnolia Avenue, Southwest

*Enter Florida street address*

Winter Haven

*City*

, Florida

33880

*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 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.*

*Mark G. Turner*  
**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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN DELGADO, JR.	309 North 11th Street Van Buren, Arkansas 72956	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DANIS J. MCKIBBEN	1308 Vista Del Lago Blvd Dundee, Florida 33838	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TALLAHASSEE, FLORIDA

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FILED

Dated October 8, 2012

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JUAN DELGADO, JR.  
\_\_\_\_\_  
Typed or printed name of signee