

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FJ PAY LLC**

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OCT 18 2023

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

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FJ PAY 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 August 16, 2012 and assigned
Florida document number 112000105722.

This amendment is submitted to amend the following:

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

PRIORITY HR I, LLC

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

Enter new principal offices address, if applicable:

2002 N Lois Ave Suite 670

(Principal office address MUST BE A STREET ADDRESS)

Tampa FL 33607

Enter new mailing address, if applicable:

2002 N Lois Ave Suite 670

(Mailing address MAY BE A POST OFFICE BOX)

Tampa FL 33607

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:Victor W HolcombNew Registered Office Address:3203 W Cypress StEnter Florida street addressTampaCityFlorida 33607Zip 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Jacqueline Russ	2002 N Lois Ave. Suite 670	<input checked="" type="checkbox"/> Add
		Tampa, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven D Harper	4311 W Robin Lane	<input checked="" type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack U McCollum JR	932 SYMPHONY ISLES BLVD	<input type="checkbox"/> Add
		Apollo Beach FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTH	Kimberly McCollum	932 SYMPHONY ISLES BLVD	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Filing Fee: \$25.00