

L14000099676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



Baccus Global



595 Financial Center-Suite 210
595 South Federal Highway
Boca Raton, Florida 33432
www.baccusglobal.com

Deede Cooper
Direct: 561.367.3068
d.cooper@baccusllc.com

June 25, 2014

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **PRIORITY AUTO CLUB LLC Amendment to PRIORITY AUTO ASSISTANCE LLC**

To Whom It May Concern:

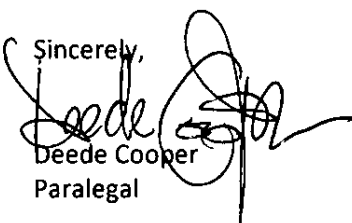
Enclosed is an original and one copy of the Articles of Amendment to Articles of Organization of Priority Auto Club LLC, along with out check in the amount of \$60.00 for the filing fee, certificate of status & certified copy. We are requesting to change the name to Priority Auto Assistance LLC.

Please return all correspondence relating to this to:

Jhan Lennon
Priority Auto Assistance LLC
595 South Federal Highway Suite 210
Boca Raton, FL 33432

Please contact me if you have any questions.

Sincerely,


Deede Cooper
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Priority Auto Assistance LLC
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:

Jhan T. Lennon
Name of Person
Priority Auto Assistance LLC
Firm/Company
595 S. Federal Hwy Suite 210
Address
Boca Raton FL 33432
City/State and Zip Code
jhan@baccusllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deede Cooper at 561, 367-3068
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

Priority Auto Club 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 6/20/2014 and assigned
Florida document number L14000099076

This amendment is submitted to amend the following:

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

Priority Auto Assistance LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/25, 2014



Signature of a member or authorized representative of a member

Jhan T. Lennon

Typed or printed name of signee

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Filing Fee: \$25.00

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