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COVER LETTER

	ision of Cor			
CHRIFOT:	Integrity He	omes SWF, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	1 Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Louis Longbucco		
			Name of Person	
		Integrity Homes SWF, LL	С	
			Firm/Company	
		133 Albatross Rd		
			Address	
		Rotonda West, Florida 339	147	
		[]	City/State and Zip Code	
		Lou.Longbucco@Gmail.co E-mail address: v	m to be used for future annual report	(notification)
For further i	nformation e	oncerning this matter, please ca	ill:	
Louis Long	bucco		941 587-571	12
	Name o	(Person	at () Area Code Da	vytime Telephone Number
Enclosed is:	a check for th	ne following amount:		
S25,00 1	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 radditional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section in of Corporations	STREET/CO Registration S Division of Cu Cliffon Buildi	orporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Was it now appears on our records.) Was it now appears on our records.) Was it now appears on our records.
is as it now appears on our records.) iability Company)
were filed on $\frac{10/17/2017^{1/3}}{2000}$ $\frac{10/17/2017^{1/3}}{2000}$ and assigned
lity company here:
ty Company," the designation "LTC" or the abbreviation "LTC"
N/A
N/A
fice address on our records, enter the name of the

Name of New Registered Agent: 133 Albatross Rd New Registered Office Address: Enter Florida street address . Florida 33947
Zup Code Rotonda West Cuv

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 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>	Address	Type of Action
AMBR	Tim Parks	18263 Hottelet Circle	Add
		Port Charlotte, Florida 33948	□ Remove
			☐ Change
AMBR	Brandon Parks	5848 Gabo Rd	
		North Port. Florida 34287	☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
		· · · · · · · ·	□ Remove
			☐ Change
•		. , 	
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

er.	and the off other than the date of Client
in ec i an el	ve date, if other than the date of filing:
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocun	ent's effective date on the Department of State's records.
e re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
	Oct. 30 2018.
ated	
	\angle ' \angle /
	Table 1 (and be a com
	- Course of succession
	Signature of a membral authorized representative of a member LOUIS LONGBUCCO

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Filing Fee: \$25.00