11/26/2019 Electronic Filing Cover Sheet

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H19000344624 3)))



H190003446243ABC0

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

;;;;

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC

Account Number : I20120000058 : (305)760-2011 Phone

Fax Number : (866)895-8710

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

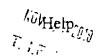
epuka76@aol.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **G5 INTEGRITAS INTERNATIONAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G5 INTEGRITAS INTERNATIONAL LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.)  (Company)
The Articles of Organization for this Limited Liability Company were	filed on 10/02/2019 and assigned
Florida document numberL19000247991	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	:5
	103
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
registered agent and/or the new registered office address nere.	$c_1$
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Tity , 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

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>	Name	Address	Type of Action
MGR	IDROGO, MARIANA P	2980 NE 207TH STREET	
		STE 405	■ Remove
		AVENTURA, FL 33180	
MCD	ECHAVARRI, JORGE	2980 NE 207TH STREET	Change
MGR		STE 405	Add
			□ Remove
		AVENTURA, FL 33180	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:  [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOVEMBER 25 2019
<del>-</del>	
	Signature of a member or authorized representative of a member
	JÓRGE ECHAVARRI
	Typed or printed name of signee