L22000357714

(Requestor's Name)	_
(Address)	_
(Address)	-
•	
(City/State/Zip/Phone #)	_
(SKY States Light Horse N)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
· 	_
	٦
Special Instructions to Filing Officer:	ı
	ı
	ı
	ı
	l

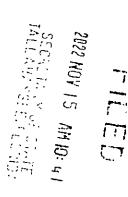
Office Use Only

A RIVERS



800396927048

11/15/22--01019--000 **25.00



COVER LETTER

Division of Co			* *
	SERV. LLC		
5003F.C 1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDROS GUTIERREZ S	ECADES	
		Name of Person	
	INTEGRO SERV. LLC		
		Firm/Company	
	11871 SW 181ST ST		
		Address	
	MIAMI FLORIDA 33177		
		City/State and Zip Code	
	androsgutierrezsecades@gr		· · · · · · · · · · · · · · · · · · ·
For further information of	t-mail address: (concerning this matter, please c	to be used for future annual report	пописацоп)
ANDROS GUTIERREZ		305 8329677	
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRO SERV. LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number 1.22000357714		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or th	e 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)		
		20
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		NOV T
		SS TO
Name of New Registered Agent:		
New Registered Office Address:		5 1
	Enter Florida street address	0.00 0.40
	, Florida	···
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andros Gutierrez Secades	11871 SW 181st ST. Miami, Florida. 33177	□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			🗀 Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			[] Change

				- ··	
		<u> </u>	- -		
			<u>-</u>		
	<u> </u>				
	<u> </u>		.		<u> </u>
	.		<u>_</u> _	. <u>.</u>	
		<u> </u>		<u> </u>	
					
ffective date, if other than (the date of filing	08/08/2022		(optional)
an effective date is listed, the date iote: If the date inserted in this ocument's effective date on the	must be specific and s block does not n	l cannot be prior to neet the applicab	date of filing or more de statutory filing i	than 90 days after filin	g.) Pursuant to 605.0207
record specifies a delayed effect is filed.	tive date, but not	an effective tim	e, at 12:01 a.m. on	the earlier of: (b) T	The 90th day after the
09/02/2022 rated	17	11:24 am			
	Am	·	- ·		
ı	111				

Typed or printed name of signee