

LB2000030448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

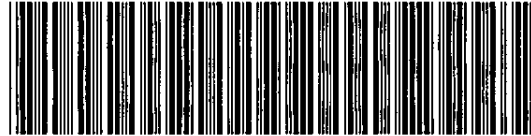
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

JUL 24 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2015

INTEGRITY MANAGEMENT OF FLORIDA, LLC
8135 SOUTH 15TH STREET, SUITE C
LINCOLN, NE 68512

SUBJECT: INTEGRITY MANAGEMENT OF FLORIDA, LLC
Ref. Number: L02000030448

We have received your document for INTEGRITY MANAGEMENT OF FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for INTEGRITY MANAGEMENT OF FLORIDA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00014377

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrity Management of Florida 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:

David E. Cygan

Name of Person

Integrity Management of Florida LLC

Firm/Company

8135 S. 15th Street, Suite C

Address

Lincoln, NE 68523

City/State and Zip Code

davide@integritymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David E. Cygan

420

470-8002

at (_____) _____

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

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TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS

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

Integrity Management of Florida 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 11/13/2002 and assigned
Florida document number L02000030448

This amendment is submitted to amend the following:

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

Integrity Doctors of Florida 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:

(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

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, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/17/15, _____

KEITH A. MAUZE

Typed or printed name of signee

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