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J. BRYAN

JUN 17 2008

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	cct: U.S. IN	TEGRATÒRS, LLC		+	
		(Name of Lim	ited Liability Company)	,	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
				08 JIM 16 PH 4: 08	
•		KELEN L. PRUTOW			
			(Name of Person)	THE PROPERTY OF THE PROPERTY O	
		U.S. INTEGRATO	ORS, LLC	6 0	
			(Firm/Company)	P. P. Okr	
505 E. NEW HAVEN AVENUE					
			(Address)		
		MELBOURNE, FL. 3290	91		
		WILLDOOM VIE. 1 C. 3230	(City/State and Zip Code)		
For fur	ther information of	concerning this matter, please c	all:		
KELEN	N PRUTOW		at (321) 729-6462		
(Name of Person)		of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



U.S. INTEGRATORS, 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 Lia	and assigned				
Florida document number L02000030 463					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ted Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		505 EAST NEW HAVEN AVENUE			
(Principal office address MUST BE A STREET ADDRESS)		MELBOURNE, FL. 32901			
Enter new mailing address, if applicable:		505 E. NEW HAVEN AVE.			
(Mailing address MAY BE A POST OFFICE BOX)		MELBOURNE, FL. 32901			
B. If amending the registered agent and/o registered agent and/or the new registered of	_		ords, enter the name of the new		
Name of New Registered Agent:	KELEN L. PRUTOW				
New Registered Office Address:	505 EAST NEW HAVEN AVENUE				
	(Enter Florida street address)				
	MELBOURNE		_, Florida <u>329</u> 01		
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action MGRM** DALEIDEN, DAVID T 🗖 Add Remove 1345 S WICKHAM ROAD W MELBOURNE FL. 32904 PARADIS, GERALD MGRM ☐ Add Remove 1345 S WICKHAM ROAD W. MELBOURNE, FL. 32904 🗂 Add Remove □ Add Remove ∫ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JUNE 11 2008 Signature of a member of authorized representative of a member KELEN L. PRUTOW Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00