

L04000088712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

*8/17*

*Amend.*

Office Use Only



800077013058

07/06/06--01043--008 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL -6 PM 1:02

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTEGRITY FINANCIAL ENTERPRISES 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:

ROHRET & ASSOCIATES

(Name of Person)

KARIN ROHRET

(Firm/Company)

1301 SEMINOLE BLVD C-128

(Address)

LARGO FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

KARIN ROHRET

(Name of Person)

at ( 727 ) 593 - 5953

(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

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

\_\_\_\_\_  
INTEGRITY FINANCIAL ENTERPRISES LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 12/09/2004 and assigned  
document number L04000088712.

**SECOND:** This amendment is submitted to amend the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ARTICLE V - REMOVAL OF MGRM  
\_\_\_\_\_  
ARGALL N EGOSI INC  
\_\_\_\_\_  
300 SOUTH DUNCAN AVENUESUITE 210  
\_\_\_\_\_  
CLEARWATER FL 33755  
\_\_\_\_\_

Dated 07/01/2006, \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
ROBERT FISCHBACH  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL -6 PM 1:02