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EXAMINER



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DIVISION OF CURPORALIST

## **COVER LETTER**

TO: Registration Section Division of Corporations		`•
SUBJECT: THE INTEGRITA GROUP, (Name of Lim	LLC ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	<del>-</del>	
Gregory M. Karch, Corpo	orate Paralegal (Name of Person)	
Akerman Senterfitt	(Firm/Company)	
401 East Jackson Street	, Suite 1700 (Address)	<del></del>
Tampa, FL 33602	(City/State and Zip Code)	
For further information concerning this matter, please c	all:	
Gregory M. Karch, Corporate Paralegal (Namc of Person)	at ( 813 ) 223-7333 (Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
☑ \$25.00 Filing Fee	□\$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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE INTEGRITA GROUP, LLC			
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our records Liability Company)	2)
The Articles of Organization for this Limited L	iability Company.	were filed on 02/09/2006	and assigned
Florida document number L06000014925	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		809 E. Bloomingdale Avenue, #	300 😊
(Principal office address MUST BE A STREET ADDRESS)		Brandon, FL 33511	VISION  08 DEI
			DE C
Enter new mailing address, if applicable:		809 E. Bloomingdale Avenue, #	30 PH 70
(Mailing address MAY BE A POST OFFICE BOX)		Brandon, FL 33511	<b>基</b> (2月)
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the new
Name of New Registered Agent:	David E. Caro	thers	
New Registered Office Address:	809 E. Bloom	ingdale Avenue, #300	
		(Enter Florida stre	et address)
	Brandon		a 33511
		(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 = Ma $MGRM = N$	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		<u> </u>	Add
	<del> </del>		Remove
	<del></del>		Add Remove
<del></del>			Add Remove
	<u></u> .		Add Remove
	<del></del>		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	.) 
<del>-</del>			<del></del>
Dated	Davide Can- Signature of a member	er or authorized representative of a member	
	David E. Carothers, Ma	anager	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00