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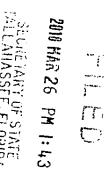
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COVER LETTER

TO:	Registration Se Division of Cor		į,	
CIID ID		Y SANFORD, LLC		
SUBJE	.c.:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
	·	TAMARA MARTIN	•	
			Name of Person	
		INTEGRITY SANFORD,	ЦС	
			Firm/Company	
		1997 LONGWOOD LAKI	E MARY RD #1007	
			Address	
		LONGWOOD FL 32750		
			City/State and Zip Code	
		MARA.MARTIN@LIVE.C	COM to be used for future annual report notif	iontion
For fur	ther information c	oncerning this matter, please c	•	reation
ТАМА	ARA MARTIN		407 760-0835	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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 SANFORD, 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 $\frac{5/22/2006}{}$ and assigned Florida document number _____L06000052512 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Address	Type of Action
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			□ Remove
			☐ Change
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effective date is listed, the date must be specific and cann e: If the date inserted in this block does not meet t ument's effective date on the Department of State's	he applicable	statutory fili	nore than 90 days ng requirements	, this date will	not be list
record specifies a delayed effective date, he 90th day after the record is filed.	but not a	n effective	time, at 12:0	01 a.m. on t	:he earli
ed MARCH 15 20	18				
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Typed or printed name of signee

Filing Fee: \$25.00