

LD8000117706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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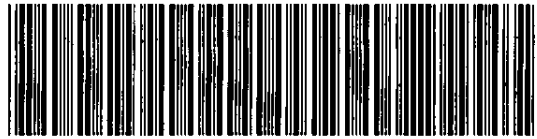
Special Instructions to Filing Officer:

**L. SELLERS**

NOV 24 2009

**EXAMINER**

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TALLAHASSEE FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Integra FX 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:

Richard Scalone  
Name of Person

Integra FX LLC  
Firm/Company

1625 S. Congress Ave. Suite 100  
Address

Delray Bch, FL 33445  
City/State and Zip Code

cmurphy@integrafund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmelyn Murphy at (501) 274-1250  
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

IntegraFX LLC

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
m6RM	Leslie Arnold	1625 S. Congress Ave. Delray Bch, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
m6RM	Stephen Cavayem	1625 S. Congress Ave. Delray Bch, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated November 18, 2009

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

Richard Scalone  
 Typed or printed name of signee

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA