	/Dec:	lastaria Nicos	
	(Requ	iestor's Name	€)
	(Addre	ess)	
	(Addre	ess)	
	`	ŕ	
	(City/S	State/Zip/Pho	ne #)
PICK-U	Ρ	☐ WAIT	MAIL
	(Busir	ness Entity N	ame)
	(Docu	ment Numbe	ır) ·
Certified Copies		Certificat	es of Status

Special Instructions to Filing Officer:

L. SELLERS

NOV 24 2009

**EXAMINER** 

Office Use Only



600162652456

11/23/09--01008--003 \*\*25.00

## **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. COngressave. Suite 100
Delray Bch FL 33445 Oity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ormelyn Murphy at (501) 274-1250 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

<u>Intearafx LLC</u>				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now ap ed Liability Compa	ny)		
The Articles of Organization for this Limited Liability Compa	any were filed on	12/36/2008	and assign	ed
Florida document number LOSCON17706.				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company	<u>/ here</u> :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Co	ompany," the designation "	LLC" or the abbi	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable:				·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<del></del>
			<del> </del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		on our records, enter	the name of t	<u>he new</u>
Name of Nam Decisional Acoust			74.0 <b>0</b>	
Name of New Registered Agent:			- E	
New Registered Office Address:	<u> </u>	Enter Florida street add	dress N	<u> </u>
		, Florida	SEE A	
	City		Zip Code Co	
New Registered Agent's Signature, if changing Registered Age	ent:			

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 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 Type of Action Title <u>Name</u> **Address** Leslicanoun MORM 1425 S. CONOTESS AV ☐ Add Delray Boby FL 33445 Kemove 1625 5. Cornress Ave. MGRM Stephen Cavayers Remove ☐ Add Remove Add Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 18 <u> 2009</u> Signature of Thember or authorized representative of a member Scalone.
Typed or primed name of signee Page 2 of 2 ထု Filing Fee: \$25.00