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T. HAMPTON

NOV -5 2009

**EXAMINER** 

## **COVER LETTER**

TO:	gistration Section vision of Corporations				
SUBJE	Integrated Consumer Solutions Name of Limited Liability Company				
The enc	d Articles of Amendment and fee(s) are submitted for filing.				
Please r	n all correspondence concerning this matter to the following:				
	Jayson Rodriguez				
	Name of Person				
	Integrated Consumer Solutions, LLC				
	Firm/Company				
	7850 Ulmerton Road Suite 6				
	Address				
	Largo, FL 33771				
	City/State and Zip Code				
	christyred25@yahoo.com E-mail address: (to be used for future annual report notification)				
For furt	nformation concerning this matter, please call:				
	Christy Daniel at ( 727 ) 489-8910				
	Name of Person Area Code & Daytime Telephone Number				
Enclose	a check for the following amount:				
\$25.	iling Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy (additional copy)}				

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

Integrated Cons (Name of the Limited Liability Compa (A Florida Limited L	umer Solutions  ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>8/14/09</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	7850 Ulmerton Road Suite # 6	o SEVICE 3S
(Principal office address MUST BE A STREET ADDRESS)	Largo, FL 33771	NO NO
		¥ 95
		SA S
Enter new mailing address, if applicable:	7850 Ulmerton Road Suite # 6	OR ST
(Mailing address MAY BE A POST OFFICE BOX)	Largo, FL 33771	<u> </u>
·		<b>39</b> O'''
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street addre	SS
	, Florida	
	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 = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
). If amen —	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	- 0 S
			SECRET VISION 6
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Page 2 of 2

Filing Fee: \$25.00