LU9/100105448

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	//State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
	isiness Entity Name)				
(Do	cument Number) Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Division of C		٠					
SUBJECT:	SUBJECT: Integrity Group Financial, LLC						
		ited Liability Company					
			9 H				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	12				
Please return all corres	spondence concerning this matter	to the following:	09404 12 PM				
		Mike Colodny	્				
		Name of Person					
	Colodny, Fass	, Talenfeld, Karlinsky & Ab	ate. P.A.				
	Firm/Company						
	100 SE 3rd Avenue, 23rd Floor						
		Address					
	Ft.	Lauderdale, FL 33394					
		City/State and Zip Code	•				
	E-mail address: (esnow@carmangroup.net	fication)				
For further information	n concerning this matter, please o	call:	•				
	Pat McNab	at (954)	492-4010				
Nam	e of Person		ne Telephone Number				
•							
	r 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		STREET/COUR Registration Section Division of Corpo Clifton Building	on orations				
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integr (Name of the Limited Li (A FI	ity Group I ability Compar orida Limited L	inancial, LLC y as it now appears of tability Company)	on our records.)	and assigned		
The Articles of Organization for this Limited Liab Florida document number		were filed on <u>No</u>	vember 2, 2009	and assigned		
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:				
The new name must be distinguishable and end with the L.L.C."	he words "Limit	ed Liability Company	" the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		4211 Kings Highway				
Principal office address MUST BE A STREET	Principal office address MUST BE A STREET ADDRESS)		Port Charlotte, FL 33980			
Enter new mailing address, if applicable:		4211 Kings Hig	hway			
Mailing address MAY BE A POST OFFICE BOX)		Port Charlotte, FL 33980				
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter t	he name of the new		
Name of New Registered Agent:	Edward S	now	·			
New Registered Office Address:	362 Poinciana Drive Enter Florida street address					
Fort		Lauderdale	. Florida	33301		
·. ·		City	, FIORIQH	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 timited 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

MGRM = Managing Member Title Type of Action Name Address MGR **Ed Snow** 401 E. Las Olas Boulevard ☐ Add → Suite 1450 ✓ Remove Ft. Lauderdale, FL 33301 Edward Snow MGRM 900. W. Sproul Road ✓ Add Suite 302 ☐ Remove Springfield, PA 19064 .□ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member **Edward Snow** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00