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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

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| TO: Registration : Division of Co | | | |
|--------------------------------------|--|---|---|
| INTEG | RAL SERVICES SOLUT | ION, LLC | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | IRAIMA DIAZ | | |
| | | Name of Person | |
| | INTEGRAL SERVIC | ES SOLUTION, LLC | |
| | | Firm/Company | ······ |
| | 14756 SW 72 TERF | ₹ | |
| | | Address | |
| | MIAMI, FL 33193 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please c | all: | |
| IRAIMA DIAZ | | at (Area Code) 278-1856 | |
| 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 JAN 30 AM II: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTEGRAL SERVICES SOLUTION, 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 Lial | hility Commons wars filed on 01/1 | 3/2010 and assigned |
|---|--|---|
| Florida document number L1000004607 | only company were med on | and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here | |
| The new name must be distinguishable and end with the we | ords "Limited Liability Company," the des | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | |
| | | |
| B. If amending the registered agent and/or | r registered office address on o | ir records, enter the name of the ne |
| registered agent and/or the new registered offi | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida | street address |
| | | , Florida Zip Code |
| | Ciţy | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered Agent: | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl | and complete performance of my ered agent as provided for in Cha gistered office address, I hereby o | duties, and I am familiar with and pter 605, F.S. Or, if this document is |
| | If Changing Registered Agent | Signature of New Registered Agent |

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| Additional viction of the second of the seco | | |
|--|---|---|
| MGR = Manager AMBR = Authorized Member | • | • |

| Name | Address | Type of Action |
|--------------|---------------------------|---|
| RHOMYT PINTO | 14919 SW 80 ST., APT 216, | Add |
| | MIAMI, FL 33193 | ☐ Remove |
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| • | tion, enter change(s) here: (Attach additional sheets, if necessary | |
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| .ffective date, if other than the | date of filing: (optional) | |
| The effective date must be specific, canno | ot be prior to date of receipt or filed date and cannot be more than 90 days after | |
| the date this document is filed by the Flo | 2015 | |
| Dated Jan 23 | · 2010 | |
| | | |
| | Signature of a member or authorised representative of a member | |
| IRAIMA DIAZ | | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

2015 JAN 30 AM 11: 41