

#L100000/0664

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 26 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Integrity Communications Consultants 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:

Holly Harken  
Name of Person

Integrity Communications Consultants LLC  
Firm/Company

2032 E Commercial Blvd  
Address

Fort Lauderdale FL 33308  
City/State and Zip Code

harken777@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Harken  
Name of Person

at (954) 377-9826

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  
11 SEP 23 PM 3:06

Integrity Communications Consultants 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 Liability Company were filed on 1/29/2010 and assigned  
Florida document number L10000010664.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3032 E Commercial Blvd  
Fort Lauderdale FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3032 E Commercial Blvd  
Fort Lauderdale FL 33308

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Dawn Schertz

New Registered Office Address:

3032 E Commercial Blvd unit 77 Fort Lauderdale FL  
Enter Florida street address

Fort Lauderdale, Florida 33308  
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.

Dawn R Schertz  
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

| <u>Title</u> | <u>Name</u>         | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| <u>MGRM</u>  | <u>Holly Harken</u> | <u>238 Neptune Ave</u><br><u>Laurelville by the Sea FL 33105</u>      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>Dawn Schertz</u> | <u>3022 E Commercial Blvd (7D)</u><br><u>Fort Lauderdale FL 33105</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____               | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____               | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____               | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____               | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> 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

\_\_\_\_\_  
Typed or printed name of signee