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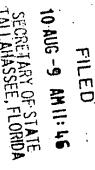
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Division of Corpo	orations			•
SUBJECT:	Integra	ted Alliance, LLC	·	,
Jobotton.	Name of Li	mited Liability Company		
		•		
The enclosed Articles of A	mendment and fee(s) are	submitted for filing.	•	
Please return all correspond	dence concerning this mat	ter to the following:		
		•	;	
		Courtney Halperin		
		Name of Person	:	
		Integrated Alliance, LL	C- +	a material
	······································	Firm/Company		
·		2417 NE 15th Ave		
		Address ,		
	,	A/:14== A.4===== EL 222	05	
•		Vilton Manors, FL 333 City/State and Zip Code	US	
		,	n	
	E-mail address	CPHalp21@gmail.con : (to be used for future annual re	port notification)	
For further information con	ncerning this matter, pleas	e call:		
Shan	non Stough	at (954)	336-4480 & Daytime Telephone Number	
Name of F	erson ·	Area Code &	& Daytime Telephone Number	
Enclosed is a check for the	following amount:			
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Certificate of	Fee;
may be with the second second second		Certified Copy (additional copy is	enclosed) - `` " " Certified Co	ppy = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =

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

10 AUG -9 AH 11: 47

Integrated Alliance, LC SECRETARY OF STATE

(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 Lia	bility Company were filed on	6/10/10	and assigned
Florida document number <u>L100000622</u>	744		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of		4 . " '	
	the same of major and the same of the same of the	Tall market and a	and the second of the second o
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		· :
(Principal office address MUST BE A STREET	ADDRESS)		
	•	. :	
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE B	(OX)		
·			
B. If amending the registered agent and/or	r registered office address on ou	r records, <u>enter t</u>	he name of the new
registered agent and/or the new registered offi	ce address here:		
Name of New Registered Agent:		·	·
New Registered Office Address:			
A Company of the Comp	Enter	r Florida street add	ress_
		, 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 MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	William Hood	1009 N OCEAN BLVD #612 POMPANO BEACH FL 33062 US	Add _ ✓ Remove	
			Add Remove	
, a la ca fara			Add Remove	
			Add Remove	
·			Add Remove 	
			Add Remove _	
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	- ∴ **	
		AHASSEE	FILED AUG -9 AM	
Dated	·	FLORIDA	AMII:47	
. –	Signature of a member or	authorized representative of a member		
	Cour	tney Halperin		

Page 2 of 2

Filing Fee: \$25.00