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SECRETARY OF SHATE
ALL AHASSEE, FLORID

J. BRYAN

SEP 26 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section ', orporations		
SUBJECT:	INTERG	ROUP ONE, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		Mark VanZorn	
		Name of Person	
IN		TERGROUP ONE, LLC	SEP 23 PH 1:46
		Firm/Company	120元
1990 Main Street, Suite 750			
		Address	
		Sarasota, FL 34236	
City/State and Zip Code			
	n	nvanzorn@gmail.com to be used for future annual report notific	
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please of	call:	
M	lark VanZorn	at (941) 4	184-4555
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	S55.00 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		STREET/COURIE Registration Section Division of Corpora	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cen	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INTERGROUP ONE, 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 L	iability Company were filed on	07/20/2010	and assigned
Florida document numberL1000007	6416		
This amendment is submitted to amend the foll	owing:		
	•		
A. If amending name, enter the new name of	of the limited liability company ne	<u>re</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
intuing waress man be at ost office	<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered office address on t ffice address here:	our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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:

0° 13 **\$***

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Danielle M. VanZorn	1990 Main Street, Suite 750 Sarasota, FL 34236	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if n	
			SEP 23 PM
——Dated	September 19 ,	2011 .	STATE -
	Signature of a r	nember or authorized representative of a member Mark A. VanZorn	
	-	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00