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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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J. Sinvers JAN 1 V 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Inte	Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	1	DRI Kanter	
·	Int	Name of Person Expiry AC/L	<u>'C</u>
	12815	Firm/Company KILL DR.	
	Brad	enton II =	342/2
	E-mail address: (1	City/State and Zip Code The AC ad 4 @ to be used for future annual report notificat	Aol. Com
For further information of	oncerning this matter, please ca	all:	
LORI	Kanter	at (941) 704-	9413 Dephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Integlity	AC, 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 of Florida document number	were filed on And assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	lity company here:					
The new name must be distinguishable and end with the words "Limit"L.L.C." Enter new principal offices address, if applicable:	ted Liability Company," the designation "LLC" or the abbreviation 12815 Kite DR.					
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, +1 342/2					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12815 Kik DR. Braden for, 71 34212					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new					
Name of New Registered Agent:	ACC. I					
New Registered Office Address:	Enter Florida street address					
	, Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:	Ba 40					

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
7mBR	John Thurbon	4701 31 th StE	Add
		Bradenton, 4 34203	Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
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			_
		<u> </u>	Add
			Remove
			William CO Landa
		رح ا ا ا	Add
		- A.	Remove
			_
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, -	
-	
-	
•	
E. Effect	ive date, if other than the date of filing:
u an ene	ctive date is listed, the date must be specific and cannot be more than 30 days after filing.) (605.0207 (3)(b)
Dated	116114 0 0 -1
	Lou Con
	Signature of a member or authorized representative of a member
	LORI Kanter
	Typed or printed name of signee
	D 0.00

Page 3 of 3

Filing Fee: \$25.00

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