# 110000126295

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	(Req	uestor's Name)	
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2012 JUL -6 PH 12: 51
SECRETARY OF STATE

T. CLINE

JUL - 9 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration S Division of Co			·	
SUBJECT:	Integrated	Program Services		,
•	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	to the following:		
		Paul Machado		
		Name of Person		
	Inte	grated Program Service	es	
		Firm/Company	<del> </del>	
		7994 Lancelot Drive		,
		Address		
	Pe	nsacola, Florida 32514	1	
		City/State and Zip Code		
	pa	aulmachado@cox.net		
	E-mail address: (	to be used for future annual report	rt notification)	T. 2
For further information	concerning this matter, please of	eall:		2012 JUL -6 SECRETARY ALLAHASSE
F	Paul Mahado	at ( 850 )	206-9148	
Name	of Person.		Daytime Telephone Number	1.1
Enclosed is a check for	the following amount:		,	TORN TO
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	g Fee>

### 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

Integrated Progra	<u>m Services, L</u>	LC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appear Jability Company)	s on our records.)		
(**************************************	, , , ,			
The Articles of Organization for this Limited Liability Company	were filed on	12/08/2010	and assigned	i
Florida document numberL10000126295	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	nny," the designation "I	LC" or the abbrev	riation
Enter new principal offices address, if applicable:	7994 Lancelo	ot Drive		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, Florida 32514			
·			,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registered of		our records, enter t	the name of the	new
registered agent and/or the new registered office address her	<u>'e</u> :		OIZ	
			AH.	<b>-</b> Y'}
Name of New Registered Agent:			- <del>1</del>	- Residence
New Registered Office Address:	<u></u>		(L) (L) (L)	
	En	ter Florida street ada	Iren S	-
		, Florida		——
	City		EZip Coole	

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 = I	Managing Member		
Title ·	Name	Address	Type of Action
	<del> </del>		
<del></del>			— n
			Remoye
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheet.	RETARY OF STANSSIE. FILLS
_			PIME: 58
Dated	JULY 22)		· 
	Signature	of a member or authorized representative of a mem	her
	orgnature	Paul Machado	ioqi
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00