

5700 FAX
800NS

L11000020998

<http://efile.com/biz>

001/004

<http://efil.com/biz.org/scripts/efilcovr.exe>

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000277647 3)))



H110002778473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC
Account Number : I20110000070
Phone : (205) 541-3980
Fax Number : (205) 550-1294

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV 23 AM 9:56

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

RECEIVED

11 NOV 23 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRAL QUALITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

H110002776473
COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: INTEGRAL QUALITY, 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@SOLUTIONSBYACCOUNTANTS.COM

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

For further information concerning this matter, please call:

MOSES NAE

Name of Person

at (305)

541-3980

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H110002776473

FILED

003/004

11 NOV 23 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INTEGRAL QUALITY, 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 02/18/2011 and assigned
Florida document number L11000020998

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**)3725 NE 163RD STNORTH MIAMI BEACH, FL 33080

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)3725 NE 163RD STNORTH MIAMI BEACH, FL 33080B. 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:

FRANCO D BENEDETTO

New Registered Office Address:

3725 NE 163RD ST

Enter Florida street address

NORTH MIAMI BEACH

Florida

33080

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 603, 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

H110002776473

H110002776473

If attending 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

Title	Name	Address	Type of Action
CEO	DE BARI, HORACIO	6187 NW 167 ST SUITE H30 HIALEAH, FL 33015 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BENEDETTO, FRANCO D	6187 NW 167 ST SUITE H30 HIALEAH, FL 33015 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BENEDETTO, FRANCO D	3725 NE 163RD ST NORTH MIAMI BEACH, FL 33060 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FERNANDEZ LOPEZ, GONZALO I.	6187 NW 167 ST SUITE H30 HIALEAH, FL 33015 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FERNANDEZ LOPEZ, GONZALO I.	3725 NE 163RD ST NORTH MIAMI BEACH, FL 33060 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If attending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 22, 2011

Signature of a member or authorized representative of a member

FRANCO D BENEDETTO
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED
11 NOV 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H110002776473