## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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ETC@LICENSESETC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRITY TILE, STONE, AND MASONRY, LLC

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From: Licenses Etc.

(((H170002072123)))

## **COVER LETTER**

SUBJECT:    Name of Limited Liability Company
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:  LISA ADAMS  Name of Person  LICENSES, ETC., INC.  Firm/Company  \$86 110TH AVE. N., SUITE #6  Address  NAPLES, FL 34108  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Please return all correspondence concerning this matter to the following:    LISA ADAMS
Name of Person  LICENSES, ETC., INC.  Firm/Company  886 110TH AVE. N., SUITE #6  Address  NAPLES, FL 34108  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person  LICENSES, ETC., INC.  Firm/Company  886 110TH AVE. N., SUITE #6  Address  NAPLES, FL 34108  City/State and Zip Code  SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
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SUPPORT@LICENSESETC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
210 777 211
230 777-8321
LISA ADAMS  at (
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate Copy  (additional copy is enclosed)

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

(((11170002072123)))

INTEGRITY TILE, STONE, AND MASONRY, LLC (Name of the Limited Liability Compa		E 1
(A Florida Limited (A Florida Limited)	Liability Company)	<u>,</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000075527</u>	were filed on 06/29/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
INTEGRITY BUILDING & REMODELING LLC	i x	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Principal office dataress frost BL 24 STRILL 1 /112/2002/29		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered of	office address on our record	ls, enter the name of the ne
registered agent and/or the new registered office address her	<u>re</u> :	-7 -7
Name of New Registered Agent:		
New Registered Office Address:		6
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	City <sup>,</sup>	ZipCode
New Registered Agent's Signature, if changing Registered Agent	<u>!:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my auties, a provided for in Chapter 605,	ma i am jamitiar with and F.S. Or, if this document is
IICh	anging Registered Agent, Signature	of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H17000207212 3)))

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Filing Fee: \$25.00