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EXAMINER

COVER LETTER

то:		ation Sect of Corpo			, **		
SUBJE	CT:	INTE	GRA SOLUTIONS	CONSULTANTS GF	ROUP LLC		
SCEC	<u>. </u>			ted Liability Company	**************************************		
The end	closed Art	icles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all	correspond	lence concerning this matter	to the following:			
				Steve Stevenson			
				Name of Person			
			INTEGRA SOLUT	TIONS CONSULTANTS	GROUP LLC		
				Firm/Company			
18801		01 COLLINS AVE #495					
				Address			
			Sunr	ny Isles Beach,FL. 3316	n		
				City/State and Zip Code		24	
			STEVE	PBANDT@YAHOO.CC	DM	2012 ALE 6	
			·	to be used for future annual report i	notification)		3
For fur	ther inforr	nation con	cerning this matter, please of	eall:		- 19 F	jar.
Steve Stevenson		at (561)	732-0295	JTC	7		
		Name of P	erson		ytime Telephone Number	PI STATE	÷rk
Enclose	ed is a che	ck for the	following amount:				
▼\$25	.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	of Status &	
		Registration P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	Registration So Division of Co Clifton Buildir	rporations ig e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRA SOLUTIONS CONSULTANTS GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

01/24/2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000011943 Florida document number 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) 1226 W. Chestnut Enter new mailing address, if applicable: Denison, TX. 75020 (Mailing address MAY BE A POST OFFICE BOX) B. 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: Steve Stevenson Name of New Registered Agent: 18801 COLLINS AVE #495 New Registered Office Address: Enter Florida street address Sunny Isles Beach , Florida __ City

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 futies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Unapter 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.

T 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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgmr	Steve Stevenson	18801 COLLINS AVE #495 Sunny Isles Beach,FL 33160	Add Remove
	Diana Palmer	18801 COLLINS AVE #495 Sunny Isles Beach,FL 33160	AddRemove
			Add Remove
	Mark Annual de Market		Add Remove
			Add The Control of th
			Addo
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	2)
Dated	June 18	2012	
		ber or authorized representative of a member Steve Stevenson ed or printed name of signee	
	• • • • • • • • • • • • • • • • • • • •	•	

Page 2 of 2

Filing Fee: \$25.00