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B. BOSTICK

JUL - 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5013 E Sligh LLC 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:
Nathaniel Fischer Name of Person
Integritas Residential LLC
5118 N 561 St. Address
Tampa, FL 33610 City/State and Zip Code
For further information concerning this matter, please call: Zachar Oseland Name of Person Area Code & Daytime Telephone Number
in a second seco
Zachar-J Oseland at (813) 444-1525 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified 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

5013 E Sligh LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on ounited Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 120006 1 4 75 </u> .	npany were filed on 1/31	112 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
5013 Sligh LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		nut-
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<u> </u>
		SS 1 Course
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		Þ
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	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 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:

		Address	Type of A	(Ction
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Dated TV	ne 27, 20	012.		

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Filing Fee: \$25.00