412000033311

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800235683818

06/06/12--01013--009 **25.00

12 JUN -6 AM 10: 42

JUN - 7 2012

T. HAMPTON

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	INTEGRITY SEC	CURITY AGENCY, LLC				
Sobject:	Name of Limi	ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		John J. Westcott				
Name of Person						
Integrity Security Agency, LLC.						
Firm/Company						
	132	2 W. Plant St. Suite 222				
		Address				
City/State and Zip Code						
	johnjwestcott3@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	·				
Jo	hn J. Westcott	_{at (} 321 ₎ 2	87-1936			
Name of Person		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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN -6 AH 10: 42

INTEGRITY SECUP			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L 12000033311	were filed on	May, 08, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:	132 W. Plan	t St	
(Principal office address MUST BE A STREET ADDRESS)	Suite 222	< New	
	Winter Gard	en, FL US 34787	
Enter new mailing address, if applicable:	132 W. Plan		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 222	-	
	en, FL US 34787		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		our records, <u>enter th</u>	e name of the new
New Registered Office Address.	Enter Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Address **Type of Action** Name William C. Nance, Jr, **MGRM** 153 Oak Leigh Ct **☑** Add Davenport, FL 33896 Remove Amanda D. Saavedra **MGRM** 3174 Timucua Cir ✓ Add Orlando, FL 32837 Remove _ Add Remove Add Remove \square Add Remove \square Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated John J. Wescott Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00