

L13000002469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

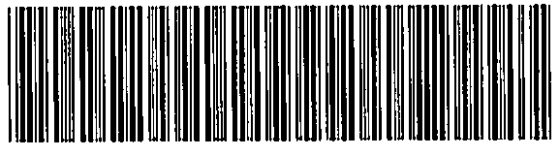
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500316021835

07/23/18--01010--014 **25.00

FILED
18 JUL 23 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

JUL 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity Motors of FLORIDA, LLC.

The enclosed Articles of Incorporation and the Certificate of Status are for the

Please return all correspondence concerning this matter to the following address:

Christina S. Lawery

301 W. Platt St #386

Tampa FL 33606

Christina.caruso7@gmail.com

For further information, please contact the following person:

Christina Lawery

Name of Person

813

523-5503

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 Filing Fee &

Certificate of Status

☐ \$25.00 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
1000 Bay Street
Tampa, FL 33601

REGISTERED MAIL ADDRESS:

Registration Section
Division of Corporations
1000 Bay Street
Tampa, FL 33601

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Integrity Motors of FLORIDA, LLC.
(Name of the limited liability company as it appears on our records.)

The Articles of Organization of this limited liability company were filed on 1-7-2013 and assigned
Florida document number L13000002469

This amendment is submitted to amend the following:

A. If amending name, enter the new name in the limited liability company name here:

The new name must be distinguishable from any name on our records. It must include the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12735 North FLORIDA AVE
Tampa FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 W. Platt # 386
Tampa FL 33606

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:

New Registered Agent's Name:

New Registered Office Address:

New Registered Office Address:

Florida

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 governing registered agents and the duties and obligations of a registered agent under Chapter 605, 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 organized in Florida.

Signature of Registered Agent, Signature of New Registered Agent

FILED
JUL 23 PM 12:50
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorize a change of title, name, and address of each person being added or removed from our records.

MGR = Manager
AMBR = Authorized Manager

Title	1111	1111	Type of Action
-------	------	------	----------------

MGR	DAVID CARUSO		
-----	--------------	--	--

301 W. Platt # 386	☒ Add
--------------------	---

Tampa FL 33606	☐ Remove
----------------	---------------------------------

	☐ Change
--	---------------------------------

	☐ Add
--	------------------------------

	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

	☐ Add
--	------------------------------

	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

	☐ Add
--	------------------------------

	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

	☐ Add
--	------------------------------

	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

	☐ Add
--	------------------------------

	☐ Remove
--	---------------------------------

	☐ Change
--	---------------------------------

FILED
JUL 23 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

FILED
JUL 23 PM 12:50
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, it must be filed on or before the date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this field does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 19, 2018

Christina S. Laavery

Christina S. Laavery

Secretary of State