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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	<i>‡</i>)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: DISCOUNT	Name of Limited Lightlity Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concernir	g this matter to the following:
	Name of Petson
Disco	Pirm/Company
4406	Millgrade Rd Address
mulbo	CYU F 1 33860 City/State and Zip Code
Integr	mail address: (to be used for future annual region notification)
For further information concerning this ma	uer, please call:
Jesse Cole Name of Person	at (<u>\$13</u>) <u>750</u> <u>6569</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amou	m:
■ \$25.00 Filing Fee ■ \$30.00 Filing Certificate	ΨI Ψ
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Discount Parking	1x+ 600	WOOK 1	((
(Name of the Limited Unit (A Flor	hility Company rida Limited Liab	as it now appears on ollity Company)	our records.)	
The Articles of Organization for this Limited Liability	y Company wo	ere filed on <u>O(5</u> -	13-2013	and assigned
Florida document number <u>L130000861</u>	هـــــــــــــــــــــــــــــــــــــ			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liabilit	y company here:		
The new name must be distinguishable and contain the words "I.	LL C	Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	•	4406 Hi		24
Principal office address MUST BE A STREET ADI	DRESS)	Muiberru		60
	-			
Enter new mailing address, if applicable:		4426 111	larade 7	. 7
Mailing address MAY BE A POST OF FICE BOX	-	Muibe cri	. 1	860
1.14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
3. If amending the registered agent and/or register agent and/or the new registered office address here		lress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent	··			
New Registered Office Address				<u>.</u>
		Enter Florida sti	reet address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	•		•
hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	l complete pe l agent as pro ered office ad	rformance of my a vided for in Chap	hities, and I am fa ter 605, F.S. Or, i	miliar with and f this document is
	If Changin	g Registered Agent, S	ignature of New Regi	Stered Agent

1GR = 1 MBR =	Manager Authorized Member		
<u>`itle</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		· 	☐ Change
			□Add
			□Remove
			Change
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, u ame	ending a	ny otne	r iniorm	ation	enter change(s) nere: (Allach additional sheets, if necessary.)
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1	Com	bow	4 r	Ωp	ne to Integrity Paving LCC.
-	<u>ever</u>	Yth	ing	e	want to change my ne to Integrity Paving LCC. 1se stays the same
- - -	the	aC	ldre.	53	s is changing too.
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(If an eff Note:	ective date If the dat	is listed. (e inserte	he date mu d in this b	ust be s block d	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Joes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
the recor		s a delay	ed effecti	ve dat	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>Se</u> 3	p t	15		2022
				Sign	uture of a member or authorized representative of a member
					Typed or printed name of signee
					Typed or printed name of signee