(R	equestor's Name)	<u> </u>		
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #	r)		
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MAY 2 8 2014

T. BROWN

COVER LETTER

	_			
TO: Registration Section Division of Corpo		¥.		
SUBJECT: Integri	ty Ventures II	I, LLC		
SUBJECT:		ed Liability Company		
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Willie C. Fag	g, Recording Se	ecretary	
	1 ('1)/	Name of Person		
	Integrity Ven	tures III, LLC		
	5011 / 1	Firm/Company		
59 Hester Lane				
		Address		
	Gretna, Flori			
City/State and Zip Code smpbcpastor@tds.net				
		be used for future annual report noti	fication)	
For further information con	cerning this matter, please ca	11:		
Willie C. Fagg850 408-9092				
Name of P		at () Area Code Daytim	ne 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)	□ \$60.00 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 **OF**

ARTICLES OF ORGANIZATION

Integrity Ventures III, LLC

PROPERTY OF THE PROPERTY OF TH (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/05/2013 and assigned Florida document number <u>L/3000111033</u>

This amendment is submitted to amend the following:

on our records, <u>enter the name of the ne</u>
·I

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 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 notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

' If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title MGRM	<u>Name</u>	Address	Type of Action
AMBR	Queen Harris	12255 Sumter Square Drive \	/ ■ Add
		Jacksonville, FL	□ Remove
		32218	
			Add
			□ Remove
		·····	
			□ Add □ Remove
			_
			□ Add
			Remove
			□ Add
			□ Remove
			□ Add
			Remove
			<u></u>

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
		_
		_
		_
		_
E.	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
	the date this document is filed by the Florida Department of State)	
	Dated May 9, 2014 WF	
	Wille C. FOR	
	Signature of a member or authorized representative of a member	
	Willie C. Fagg	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00