## Florida Department of State Division of Corporations Electronic Filing Cover Sheer

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRITY CLEANING SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



Help

11/11/2022	16:07	3052201440	LAZARUS CORPORATE	PAGE 02/04
		2717.1	EVERAL VE EXCERCENCE	
			ТО	
		ARTI	CLES OF ORGANIZATION •	
			OF	
11	TEGRITY	CLEANING SERVIC		
_		( <u>Name of the Limite</u> (	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of	Organizatio	on for this Limited Liz	ability Company were filed on	and assigned
Florida docume	nt number	L14000152556	·	
This amendmen	it is submit	ted to amend the follo	wing:	
A. If amendin	g name, <u>er</u>	iter the new name of	the limited liability company here:	
		initially and contribution the sur	ords "Limited Liability Company." the designation "LLC" or t	the abbreviation "L.L.C."
the new name mu	ist be distingu	ishable and contaily the w	bras Limiter Liability Company. The designation laber of	
Enter new prin	ncipal offic	ces address, if applic	able:	
(Principal offic	e address	MUST BE A STREE	T ADDRESS)	
Enter new ma	iling addre	ess, if applicable:		
(Mailing addre	ess MAY B	E A POST OFFICE	<u>BOX)</u>	
<u></u>				

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:

Name of New Registered Agent:			2022	
New Registered Office Address:			NON	2-
	Enter Florida street uddress		4-	FAR
	, Flor	ida 🔛	Zip Co	
New Registered Agent's Signature, if changing Registered Agent:			3:03	<u>,</u>

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

\_\_\_\_\_

# or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARGARITA M ESCUDERO	1779 N.E. 181 STREET	🖬 Add
		NORTH MIAMI BEACH, FL 33162	
			□Change
			🗆 Add
		<u></u>	]Change
			🗆 Add
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			Change
			[] Add
			□Remove
			Change
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			🗆 Remove
			Change
			⊡Add
			🛛 Remove
			Change

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

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	1/00/22				
ive date, if other than the date of filing: _ fective date is listed, the date must be specific and can If the date inserted in this block does not mee	1/09/22			(optional)	1

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 11-9-22 Signature of a member or authorized representative of a member OSCAR I COLLAO

Typed or printed name of signee