L16000006298

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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(Bu	isiness Entity Nam	ne)
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SECRETARY OF STATE

ATTAMASSES FLORID

COVER LETTER

	legistration Se Pivision of Cor				
SUBJECT	Integritt Re	ealty LLC.			
SUBJECT	·	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Marc Rittersporn			
			Name of Person		
		Integritt Realty LLC.			
			Firm/Company		7 SE 5
		50 SE Ocean Blvd , Suite	204		FOR T
			Address		R 29 LASSE
		Stuart , Fl. 34994			A 29 PH 3
			City/State and Zip Code	 	Florida Grand Gran
		marc@integritt.com	to be used for future annual report notif	looting)	इस ध
		oncerning this matter, please c	all:		
Marc Ritte	ersporn		772 266-2160 C	154-655	-6552
	Name o	f Person	Area Code Daytime	754-655 Telephone Number	
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	MAIL	INC ADDDESS.	STDEET/COUDII	FD ADDDFSS	

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

Integritt Reality LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Complete Horida document number L15000006298	pany were filed on 1-9-2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Integritt Realty LLC.		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	C)	
Principal office dauress MOST BE A STREET ADDRES.		
		<u>≥8</u> 5
		TARE TO THE
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		SECTION IN
		<u> </u>
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Remove
			Change
			TALE Remove
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neffective date is listed, te: If the date inserte	the date must be specified in this block does	ic and cannot be pri not meet the appl	or to date of filing icable statutory i	or more than 90 days a filing requirements,	ofter filing.) Pursuant to 60 this date will not be lis	5.026 ted a
cument's effective da	te on the Department	t of State's record	is.			
				M 40.0		·
	a delayed effections file and is file		iot an errectiv	e time, at 12:0	1 a.m. on the earl	ier
ted April 25th		2016				
1CU		•	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00