L15000178195

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то:	Registration Division of (
SUD IE	~~			
SUBJEC			mited Liability Company	
(additional copy is enclosed) Certified Copy				
Please re	eturn all corre	spondence concerning this matte	r to the following:	
		Michael C. Rayhoun		
			Name of Person	
		Rayboun Winegardner, P	LLC	
			Firm/Company	·· ·
		1410 Piedmont Drive E,	Suite 2	
		-	Address	
		Tallahassee, FL 32308		
		***	City/State and Zip Code	
		mike@flalawfirm.com		
		E-mail address:	(to be used for future annual report noti	fication)
For furth	er information	n concerning this matter, please of	eall:	
Michael	Rayboun			
- -	Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for	r the following amount:		
≣ \$25.0	00 Filing Fee	•	Certified Copy	Certificate of Status &
	Mailing Addr		Street Address:	wi.
Registration Section Division of Corporations			Registration Sec Division of Con	
1	P.O. Box 63	327	The Centre of T	
,	Tallahassee	, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 HAR -1 PM 12: 00

INTEGOGEN, LLC

TÄLLAHASSEE, FLORIDA

(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 C	Company w	ere filed on $\frac{0}{2}$	ctober 20, 2015	5	and assigned
Florida document number L15000178195					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	nited liabili	y company h	ere:		
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the	designation "LL(or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>		 -		
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:	-	, , , , , , , , , , , , , , , , , , , ,			
(Mailing address MAY BE A POST OFFICE BOX)	-				
(Manning dauress MAT BE A FOST OF FICE BOA)	_				
	_		•		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office ado	ress on our r	ecords, <u>enter</u>	the name of	the new registered
agent and/of the new registered office address nere.					
Name of New Registered Agent:					
New Registered Office Address:					
	• • • • • • • • • • • • • • • • • • • •	Enter Flor	rida street addres	<u>-</u>	
		Florida City Zip Code			
		City		Z	ip Code
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete per gent as pro	formance of vided for in C	my duties, an Chapter 605, i	id I am fami. F.S. Or, if th	liar with and is document is
	If Changin	Registered Ag	ent, Signature o	New Register	ed 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
СМО	Ramsey, Shawn	1319 Rachel Lane	□Add
		Tallahassee, FL 32308	■Remove
			□Change
			□ Add
			□Remove
			□Change
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Effective date, if other the sum offective date is listed, the store: If the date inserted in locument's effective date of	an the date of i date must be specifi this block does a in the Department	filing:	rior to date of filin plicable statutory ds.	g or more than 90 o	(optional) lays after filing. ents, this date) Pursuant will not l	to 605.0207 be listed as
record specifies a delayed of is filed.	effective date, but	t not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The	90th da	y after the
ated February 28		2024	 •				
	Shinature of	n 1					

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