

L16000120218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

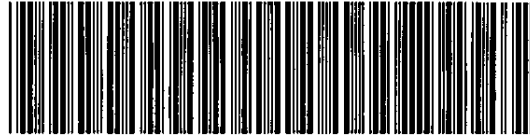
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP -1 P 4:04

TALLAHASSEE, FLORIDA

08/25/16--01023--003 **60.00

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2016 SEP -1 P 3:59

TALLAHASSEE, FLORIDA

SEP 06 2016
1. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

DOMENIC JOHN ECALONO
1750 SW 7TH AVENUE, STE A
POMPANO BEACH, FL 33060

SUBJECT: INTEGRITY AUTO BROKERS, LLC
Ref. Number: L16000120218

We have received your document for INTEGRITY AUTO BROKERS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00018238

2016 SEP - 1 P 4:04
2016 SEP - 1 P 3:59
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRITY AUTO BROKERS, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMENIC JOHN ECALONO
Name of Person
INTEGRITY AUTO BROKERS, LLC
Firm/Company
1750 SW 7TH AVENUE SUITE A
Address
POMPANO BEACH, FLORIDA 33060
City/State and Zip Code
ECJDZ46@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMENIC JOHN ECALONO at (954) 998-2277
Name of Person Area Code Daytime 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

FILED

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2016 SEP - 1 P 4: 04

2016 SEP - 1 P 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTEGRITY AUTO BROKERS, L.L.C.

(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 6/22/2016 and assigned Florida document number L16000120218.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

1750 SW 7TH AVENUE
SUITE A
POMPANO BEACH, FLORIDA 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1750 SW 7TH AVENUE
SUITE A
POMPANO BEACH, FLORIDA 33060

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:

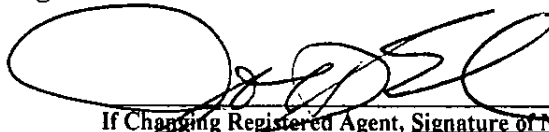
DOMENIC JOHN ECALANO

New Registered Office Address:

1750 SW 7TH AVENUE SUITE A
Enter Florida street address
POMPANO BEACH, Florida 33060
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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--------------------------------|--|
| MGR | DOMENIC JOHN ECALONO | 1750 SW 7 TH AVENUE | <input type="checkbox"/> Add |
| | | SUITE A | <input type="checkbox"/> Remove |
| | | POMPANO BEACH, FL 33060 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2016 SEP - 1 P 3:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 8/31/2016, 2016

Signature of a member or authorized representative of a member

DOMENIC JOHN ECALEO

Typed or printed name of signee