· LIL 000 121339

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200287435482

07/05/16--01007--006 **25.00

16 JUL -5 PM 3:1

SECRETARY OF STATE

JUL 08 2016

S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Integrated Home Life, LLC 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:
Kenneth M. Jerkins, Jr. Name of Person
The state of the s
Integrated Home Life, LLC Firm/Company
· · · · · · · · · · · · · · · · · · ·
40 W. Nine Mile Rd. #2 - 315 Pensatola, FL 32534
Address
Penjaiola, FL 32534 City/State and Zip Code
mike 37514 @ gmail. com g-mail address: (to be used for future annual report notification)
$\mathbf{a} = \mathbf{a} \cdot \mathbf{b}$
Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
· Property in the control of the co
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\times \text{Certified Copy (additional copy is enclosed)}\$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

TO:

Registration Section

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**

INTEGRATED HO	MELIFE, LLC	
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 600 2 3	Company were filed on $\frac{6/23/2016}{33.9}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	imited 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 ADD	DRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16 JUL -5 PH	ELSE LEGISTE
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the</u> <u>dress here</u> :	new
Name of New Registered Agent:	enneth M. Jerkins, Jr.	_
New Registered Office Address:	Enter Florida street address	
	, Florida	_
New Registered Agent's Signature, if changing Registere	ed 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 **Title** <u>Name</u> Address Type of Action Kenneth M. Jerkins, Jr. ☐ Add ☐ Remove 718 Valley Grande Rd Pensacola, FL 32514 □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change

						·
			····			
						•
				<u> </u>		<u> </u>
					<u> </u>	
,						
				<u></u>		
			· · · · · · · · · · · · · · · · · · ·			
						······
						<u></u>
<u> </u>						
						<u>ه</u>
					<u> </u>	الم
			<u> </u>			<u></u>
 						بَرِي
		· · · · · · · · · · · · · · · · · · ·				5
n effective date i te: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	pecific and canno loes not meet th	he applicable stat	f filing or more than utory filing require	(optional) 90 days after filing, ements, this date	Pursuant to 605.02 will not be listed
Junion S CHCC	are date on the Depart	mem of state s	records.	•		
	cifies a delayed eff y after the record		but not an el	fecțive time, a	t 12:01 a.m.	on the earlier
red フ	//	, 2	016			
	<					

Page 3 of 3

Filing Fee: \$25.00