

L16000122198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

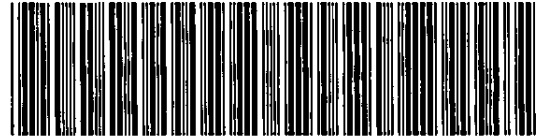
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500292137875

11/30/16--01018--004 **25.00

FILED
16 NOV 30 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 1 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRAL BUILDING SERVICE 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:

ALBERTO ANZELLINI

Name of Person

Firm/Company

4581 WESTON RD #299

Address

WESTON FL 33331

City/State and Zip Code

AANZELLINI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO ANZELLINI

Name of Person

954 5299438
at ()
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
16 NOV 30 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INTEGRAL BUILDING SERVICE LLC

(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 JUNE 14, 2016 and assigned Florida document number L16000122198.

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)

8203 W SAMPLE RD #15

CORAL SPRING FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8203 W SAMPLE RD #15

CORAL SPRING FL 33065

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:

JESUS ALBERTO SALAZAR

New Registered Office Address:

8203 W SAMPLE RD #15

Enter Florida street address

CORAL SPRING

City

Florida

33065

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	ALBERTO ANZELLINI	4581 WESTON RD #299	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO ULLOQUE	4581 WESTON RD #299	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO BARON	4581 WESTON RD #299	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS ALBERTO SALAZAR	8203 W SAMPLE RD #15	<input checked="" type="checkbox"/> Add
		CORAL SPRING FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAX FELIX MARTINEZ	8203 W SAMPLE RD #15	<input checked="" type="checkbox"/> Add
		CORAL SPRING FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 NOV 30 PM 4:46
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

[illegible]

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.

Dated NOVEMBER 28 2016

Signature of a member or authorized representative of a member

ALBERTO ANZELLINI

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 NOV 30 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA