# 1/6000/50635

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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# **COVER LETTER**

TO:	Registration Section Division of Corporations					
INTEGRITY FLIGHT RESOURCES, LLC						
SUBJE	Name of Limited Liability Company					
The encl	losed Articles of Amendment and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this matter to the following:					
	VERNON VAN CLEVE JR					
	Name of Person					
INTEGRITY FLIGHT RESOURCES LLC						
	Firm/Company					
	435 AIRPARK RD UNIT #D1					
	Address					
EDGEWATER, FL 32132						
	City/State and Zip Code					
	vernon@integrityflightresource's.com  E-mail address: (to be used for future annual report notification)					
For furth	ner information concerning this matter, please call:					
Vern	Name of Person  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number					
	l is a check for the following amount:					
\$25.0	00 Filing Fee Solution Status S55.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &				

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

#### INTEGRITY FLIGHT RESOURCES LLC

(None of the Limit					
(Name of the Limits	(A Florida Limited I	iny as it now appears on our re Liability Company)	ecoras.)		
The Articles of Organization for this Limited Li. Florida document number L16000150635	ability Company	were filed on 08/11/2016		and assign	ied
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	uc - (	(No Name Chan	"LLC" or the abbrevi	ation "L.L.C	<del>.::</del>
Enter new principal offices address, if applica		Integrity Plig	H Resource	es, lec	<del></del>
(Principal office address MUST BE A STREET	T ADDRESS)	435 S. DIRPARK	LDr. STE	77	
		Edgewater Fi	- 32132		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>80X)</u> •	Integrity Flight 7 435 S. Airpack Edgewater, FL			
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, enter the	name of	the new
Name of New Registered Agent:	VERNON VAN	CLEVE JR		UG 28	
New Registered Office Address: 435 AIRPARK RD UNIT #D1  Enter Florida street address				200	
			<b>3</b>	28.	
	EDGEWATER		, Florida <u>32132</u>	<u></u>	ATIO ATIO
		City	Zi	ip Code	7

#### 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, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID CARRIER	210 SPRINGVIEW COMMERCE	□ Add
		DEBARY, FL 32713	Remove
			□ Change
AMBR	DEBBIE CARRIER	210 SPRINGVIEW COMMERCE	
		DEBARY, FL 32713	Remove
			Change
			Add
		<del>-</del>	□ Remove
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D. If amending any other information, enter change(s) nere: (Attach adaittonal sheets, if necessary.)		•
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C. Effective date, if other than the date of filing:  (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.) Pure Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605, not be liste	.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on to). The 90th day after the record is filed.	he earlie	er of:
Dated 8/8, 2018.		
Signature of a member or authorized representative of a member		
VERNON VAN CLEVE JR		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: INT	EGRITY FLIGH	T RESOU	RCES LLC
2. (a)	435 AIRPARK RD UNIT #D1		(b)	
(_,	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	EDGEWATER, FL 32132			
				<del></del>
	08/11/2016		L1600015	50635
3.	Date of filing/registration in Flo	rida 4.		Document number
5. (a)	DAVID CARRIER			
, ,	Registered Agent and Registered Office shown on	the records of the Florid	da Dept. of State	- 2:
	210 SPRINGVIEW COMMERCE	DR BLDG 150		_
	Registered Office Address (MUST BE FLORI	<u>DA STREET ADDRES</u>	5 <u>S)</u>	
	DEBARY	FI 32713		
	VERNON VAN CLEVE JR	, <u></u>		•
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office a	ddress:	
	The state of the s	Tregistered Office a		
	435 AIRPARK RD UNIT #D1			
	NEW Registered Office Address:			
	EDGEWATER	, FL_32132	·	
the char agent w was/we the artic	mited liability company is not organized unge or changes are made, the Florida stree will be identical. Or, in the case of a Floridate authorized by an affirmative vote of the cles of organization or the operating agree	t address of the reg la limited liability c members of the lir ment of the limited	istered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
7	ure of a member or authorized representative of a m			
provisio the obli to mere	by accept the appointment as registered agons of all statutes relative to the proper an igations of my position as registered agent by reflect a change in the registered office in writing of this change.	gent and agree to ac ad complete perform as provided for in address, I hereby c	t in this capa nance of my a Chapter 605, confirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Rugistered Agent	<del></del>		
	Division of Corporation	ons• P.O. Box 632 FILING FEE: \$25		see, FL 32314