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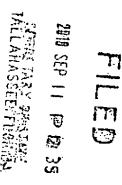
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FILING CANCELLED
DUE TO RETURNED CHECK



#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: IntegrityNP , L L C

### FILING CANCELLED DUE TO RETURNED CHECK

Name of Limited Liability C
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	_	_		
	Darin Patmon			
	Name of Person			
	IntegrityNP, LLC			
	Firm/Company			
	18536 Merseyside Loop			
	Address			
	Land O Lakes, FL 34638			
	City/State and Zip Code			
	darin@integrityinno.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
Darin Patmon		813 843-7484		
Name	of Person		ne Telephone Number	
England is a shock for	sta Callaggia a grande			
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

## FILING CANCELLED DUE TO RETURNED CHECK

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

IntegrityNP , LLC

(Name of the Limited Liability Company as it now appears on out 150 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 08/31/201	ELLAHASSEEFFP and assigned	
Florida document number L16000163418	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or register	ered office address on our r	ecords, enter the name of the new	
registered agent and/or the new registered office addre	ess here:		
Nome of New Designand Assess			
Name of New Registered Agent:			
New Registered Office Address:	- <del></del>		
	Enter Florida street address		
	, Florida		
-	City	, Florida Zip Code	
New Registered Agent's Signature if changing Degistered	Aganti		

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

## FILING CANCELLED DUE TO RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carol Cahalin	18536 Merseyside Loop	
		Land O Lakes, FL 34638	Add
			■ Remove
			□ Change
MGR	Dr. Thomas Edwards	18536 Merseyside Loop	
		Land O Lakes, FL 34638	
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
<del></del>			
			☐ Remove
			Change
<del></del>		-	□ Add
		•••	☐ Remove
			□ Change

	FILING CANCELLED	
	DUE TO RETURNED CHECK	
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E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the L	ast be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, thi	onal) r filing.) Pursuant to 605.0207 (3)(b s date will not be listed as the
f the record specifies a delaye b) The 90th day after the rec	ed effective date, but not an effective time, at 12:01 accord is filed.	a.m. on the earlier of:
Dated August 30	2019	
O PA	·	
	Signature of a member or authorized representative of a member	
Darin Patmon		
<del></del>	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00