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| Special Instructions to Filing Officer: | |
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Office Use Only



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Dates on Changes 3101/21



COVER LETTER

| Division of Co | | | |
|---------------------------|---|---|--|
| SUBJECT: | Integrity A | IP, LCC ited Liability Company | · |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | | Derric Patro Name of Person Grity NP, LL Firm/Company | |
| | <u>5810 Cana</u> | dy tuft Place | <u> </u> |
| | Land O | City/State and Zip Code EKKI © Innoprose be used for future annual report notions. | 34638 actice . com |
| For further information | concerning this matter, please ca | all: | |
| Julio Name | e Riekki, | at (<u>818</u>) <u>68</u> Area Code Daytim | 23-4780 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liab | 1+egri | Y NP L | our records.) | | |
|---|-----------------|---------------------------|----------------------------|-------------------|--------------|
| (A Flor | ida Limited Li | iability Company) | | | |
| The Articles of Organization for this Limited Liability Florida document numberL_160016 | | were filed on | 31 2014 | _ and as: | signed |
| This amendment is submitted to amend the following: | : | | | | |
| A. If amending name, enter the new name of the li | mited liabil | lity company here: | | | |
| The new name must be distinguishable and contain the words "L | limited Liabili | ty Company," the design | ation "LLC" or the abbr | eviation "L | L.C." |
| Enter new principal offices address, if applicable: | | | | | ············ |
| (Principal office address MUST BE A STREET ADI | <u>DRESS)</u> | 5810 (a) | akes, Fr | <u> 219</u> 34 | ce 639 |
| Enter new mailing address, if applicable: | | 5810 Ca | ndytuF+ | PIC | <u>ce</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | land D | Lakes F | <u> </u> | <u>34639</u> |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | ddress on our recor | ds, <u>enter the name</u> | of the ne | w registered |
| Name of New Registered Agent: | | | <u> </u> | | |
| New Registered Office Address: 5 | 810 (| Candy tuf- | r Place | <u> </u> | *** |
| | Land | Enter Florida st O Lakes | reet address , Florida3 | 43 | TI SD_ |
| N. B. C. A. A. C. C. C. B. C. | 3.4 | 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 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> | Name | Address | Type of Action |
|--------------|----------------|--|------------------------------|
| <u>MGR</u> | Thomas Edwards | 18534 Merseyside Loc 341 Land O lakes, FL | P. □Add U.38 V. Remove |
| <u>MG R</u> | | | □ Change |
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| ective date, if other | than the date of filing the date must be specific and | g: | data of filing as —a | (optio | nal) | <u></u> |
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| cument's effective dat | e on the Department of S | state's records. | | | 1000 mg = 1000 m | : n |
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Filing Fee: \$25.00