## L16000163418

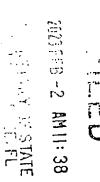
_
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
Certified Copies Certificates of Status
200
Special Instructions to Filing Officer:

Office Use Only



600401432516

02/02/23--01031--001 \*\*195.00



## COVER LETTER

~	gistration Section rision of Corporations	•
SUBJECT	IntegrityNP, LLC	
SOBJECT	(Name of Lim	ited Liability Company)
The enclos	ed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to:
Derric Patme	on	
	(Contact Person)	<del></del>
IntegrityNP,	LLC	
	(Firm/Company)	
5810 Candy	tuft Place	
<del></del>	(Address)	
Land O Lak	es. FL 34639	
	(City/State and Zip Code)	
For further	r information concerning this mat	ter, please call:
Derric Patm	ion	at ( ) 270-9933
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p	please find a check made payable	to the Florida Department of State for:
<b>■ \$</b> 25 Fil	ing Fee	☐ \$55 Filing Fee & Certified Copy
Re Di	ailing Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations
	O. Box 6327 Illahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

	IntegrityNf	, LLC			
(Name of the Limit	ted Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)			
The Articles of Organization for this Limited L	<u>16341</u> 8	08/31/2	20 <i>16</i> a	nd ass	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability compan	<u>y here</u> :			
The new name must be distinguishable and contain the v	words "Limited Liability Company."	the designation "LLC" o	r the abbrevia	tion "L	.L.C."
Enter new principal offices address, if applic				2	
				70	
(Principal office address MUST BE A STREE	<u> </u>		•		1.0
	<del></del>			2	17 (a), chr
			وگ نظر پائٹس ا	<u> </u>	
Enter new mailing address, if applicable:			<del>- (1<u>0</u>1</del>		<del>U</del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>	<del>∷</del>	
				<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on o ess here:	ur records, <u>enter th</u>	e name of t	t <u>he ne</u>	w register
Name of New Registered Agent:	<u>Julie</u>	Riekki			
New Registered Office Address:	5810 Canda	Tuft Planter Address	ace		
	land O L	<u>akes</u> , Flor	ida <u>3</u>	j -{ (q ip Code	<u>,39</u>
and the second s	Desistand Agents				

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>	Name	Address	Type of Action
MGR	Darin Patmon	5810 Candy tuft Place	$.2C_1$
		Land O Lakes, FL	Remove
0			□ Change
MGR MGR	Yves Jean-Biptiste	- 5810 Candy tuft Place	Add
		Land D Lakes, A 346	39 Remove
			□Change
MGR	Vivienne Evans	5810 Candytuft Pigo	<u>'</u>
		Land O lakes, FL	JRemove
			□ Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change

			···		
· · · · · · · · · · · · · · · · · · ·					
		<del></del> :			
		<u> </u>			
	<del></del> -	<del></del>		<del></del>	<del></del>
		<u></u>			<del></del>
		<del></del>			
					787
	· · · ·				
		<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					AH I II: 38
				<del></del>	- FIS ::
		<del></del>			<u> </u>
	<u> </u>	<del></del>			<del></del>
ffective date, if other that an effective date is listed, the date:  If the date inserted in ocument's effective date on	ate must be specific a this block does not	and cannot be prior to t meet the applicat	date of filing or me	23 (option of the control of the con	filing.) Pursuant to 605,020
record specifies a delayed e l is filed.				n the earlier of: (b	) The 90th day after the
	4 29	<u>, 202</u>	3.		
lated <u>Januar</u>	<i>)</i>			•	
Dated Januar	Signature of	O/a member or author	ized representative	of a member	

Filing Fee: \$25.00