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6/27/24

COVER LETTER

TO: Registration Sc Division of Cor			
Integrity G	roup of Tampa		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and lee(s) are sub-	unitted for filing	
	indence concerning this matter	•	
	George Katakalidis		
		Name of Person	
	Integrity Group of Tampa	LLC	
		Firm/Company	
	1410 Lake tarpon Ave. Su	ite "C"	
		Address	
	Tarpon Springs, FL, 34689)	
		City/State and Zip Code	
	gkats19@gmail.com	to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	·	
George Katakalidis		858 652-1535	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	section orporations	<u>Street Address:</u> Registration Se Division of Co	rporations .
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Group of Tampa		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our rec limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{06/26/2017}{}$	and assigned
Torida document number L17000137948		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed ljability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRI</u>	<u></u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>en</u> t	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	lress
		Florida
	Chy	FloridaZıp 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>	Address	Type of Action
AMBR	Peter Katakalidis	1743 McBain Ave	= Add
		San Jose, California	□Remove
		95125 	
			🗖 Add
			Remove
			Change
			□Add
			🗀 Remov e
			Change
			□Add
			Remove
			□ Change
			□Remove
			□ Change
			□Remove

□ Change

fective date, if other than the date	December 29th 2023 of filing:	optional)
in effective date is listed, the date must be s ote: If the date inserted in this block of	pecific and cannot be prior to date of filing or more than 90 days oes not meet the applicable statutory filing requirement	s after filing.) Pursuant to 605.020 s, this date will not be listed a
ocument's effective date on the Depart		
		,
ecord specifies a delayed effective data is filed.	e, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
		:
June 11	2024	
neu		
	2 / Lilling	ኔ.
	aure of a member or authorized representative of a member	;