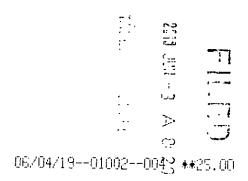
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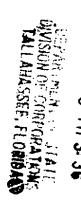
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D SCOTT
JUN 3 2019

## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	porations			
SUBJECT: IN-	egrity land co	ive IIC		
	Name of Limi	ted Liability Company		
Phld Aminho of	Amendment and fec(s) are subt	nitted for filing		
Please return all correspo	ndence concerning this matter t	o the following:		
	Rundy	Half-Ade Name of Person	÷ .	
		Name of Person		
		Firm/Company	;	÷ :
		Jonns rd		
	7812	st dead	Read Continue	D COM
		Address		22)
	Lund 8	Lakes FL City/State and Zip Code	34638	
	0.1	City/State and Zip Code	1	
	E-mail address: (	t Fac Sc @ i Clo	fication)	
For further information c	oncerning this matter, please ca	all:		
Name o	f Person	at () Area Code Daytin	e Telephone Number	-
Enclosed is a check for the	he 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 Fe Certificate of \$ Certified Copy (additional copy is	tatus &
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:	
Regist	ration Section on of Corporations	Registration Section Division of Corpo		
DIVISIO	on or Corporations	Division or Corpo	14110113	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity land (Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on()	1/2/1	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia  OAK LAWA CARE ILC  The new name must be distinguishable and contain the words "Limited Lia			The single of LCC	V 55
The new name must be distinguishable and contain the words "Limited Lia	ibility Company, 'the desi	ignation "LEC of th	e appreviation (L.L.C	•
Enter new principal offices address, if applicable:			. 65	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	٠, ١
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			(-)	<u>ー</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on o ere:	our records, <u>en</u>	ter the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Floric	la street address		
		, Florida	Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:			
	4 4.		. aanaa ta aanah	with the

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
<u> 1800</u>	Para Con al Const	C80634	
			Remove
			Change
MGR	Brittony Halkacue	7812 St Johns Sd Jund C Langs FL 34638	Add
			Remove
			☐ Change
			☐ Remove
		. •	Change
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		<del>.</del>	Remove -
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Page 3 of 3

Filing Fee: \$25.00