

L18000108111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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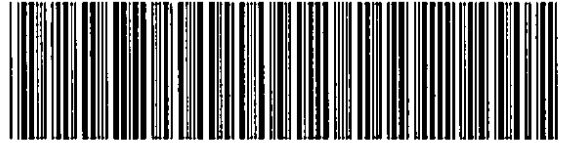
(Business Entity Name)

(Document Number)

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L.A.
1/27/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRITY FLOOR CARE, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANSON WAGNER

(Contact Person)

(Firm/Company)

362 SEA GRAPE RD.

(Address)

VENICE, FL 34293

(City/State and Zip Code)

For further information concerning this matter, please call:

Anson Wagner

(Name of Contact Person)

at (941) 275 - 3590

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INTEGRITY FLOOR CARE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANSON WAGNER

Name of Person

Firm/Company

362 SEA GRAPE RD.

Address

VENICE, FL 34293

City/State and Zip Code

awagner78@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anson Wagner

Name of Person

at (941)

Area Code

275-3590

Daytime 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**

INTEGRITY FLOOR CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2018 and assigned Florida document number L18000108111.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

362 SEA GRAPE RD.

(Principal office address MUST BE A STREET ADDRESS)

VENICE, FL 34293

Enter new mailing address, if applicable:

362 SEA GRAPE RD.

(Mailing address MAY BE A POST OFFICE BOX)

VENICE, FL 34293

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANSON WAGNER

New Registered Office Address:

362 SEA GRAPE RD.

Enter Florida street address

VENICE

Florida 34293

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	DARLENE EISEMANN	12 IDLE SANDS DR.	<input type="checkbox"/> Add
		VENICE, FL 34293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANSON WAGNER	362 SEA GRAPE RD.	<input checked="" type="checkbox"/> Add
		VENICE, FL 34293	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 12/11/20 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 11, 2020

Signature of a member or authorized representative of a member

ANSON WAGNER

Typed or printed name of signer

Filing Fee: \$25.00