# L18000240578

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### **COVER LETTER**

	Division of Corporations	
SUB	IECT: Integrity ATM LLC Name of Limited Liability Company	
The	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Plea	e return all correspondence concerning this matter to the following:	
	Paige Koppy Number Person	
	Firm/Company	
	10906 Grande Boulevard	
	West Polm Beach, Florida 33412 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For	urther information concerning this matter, please call:	
_	at (914) 906 9152  Name of Person at (914) Area Code Daytime Telephone Number	-
Encl	osed is a check for the following amount:	
國	25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is	tatus &

#### MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

# TO ARTICLES OF ORGANIZATION OF

Intearity AT	M, LLC.	2010 112 13	PH 12: 13
(Name of the Limited Liabi (A Flori	lity Company as it now appears da Limited Liability Company)	on ou <u>r records.</u> )	m. Z
The Articles of Organization for this Limited Liability Florida document number <u>L18000 2405 78</u>	Company were filed on(	17/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>.</u> e:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		<del> </del>
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del>-</del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	da street address	
<del> </del>	City	, Florida	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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Kopay	10906 Grande Boulevard	<b>5</b> Add
		West Palm Beach, FL	□ Remove
		33412	Change
		<del></del>	Add
			Remove
			Change
			Add
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			Change
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			Add
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		<del></del>	Change
			🗆 Add
		<del> </del>	Remove
			☐ Change

-	
fan effect <u>Note:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated _(	Jugust 7 2019
	Signature of a member of authorized representative of a member
	Paige anuber Koppy  Typed or printed name of signee

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Filing Fee: \$25.00