

L18000187073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JULIA A. HARRIS

YS
6/16/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INEGRAL USA 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:

CESAR AUGUSTO NINO HERNANDEZ

Name of Person

INEGRAL USA LLC

Firm/Company

1353 SUMMIT PINES BLVD APT 5217

Address

WEST PALM BEACH, FL, 33415

City/State and Zip Code

cesnino@gmail.com

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

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2021 MAY 11 PM 2:06
CLERK OF COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

CESAR AUGUSTO NINO HERNANDEZ

561

8437768

at (_____) _____

Name of Person

Area Code

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**

INGEGRAL USA 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 08/03/2018 and assigned
Florida document number L18000187073.

This amendment is submitted to amend the following:

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

INGEGRAL USA LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1353 SUMMIT PINES BLVD, APT 5217

WEST PALM BEACH, FL. 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
AMBR	IBET ROCIO GUZMAN TAPIAS	1353 SUMMIT PINES BLVD, APT 5217	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL, 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

0821 MAY 11 PM 2:06
STREET


[Handwritten signature]

2021 MAY 11 PM 2:06

2021 MAR 11 PM 2:06

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.

MAY 6TH 2021



Signature of a member of authorized representative of a member

CESAR AUGUSTO NINO HERNANDEZ
Typed or printed name of licensee