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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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C. BRUMBLEY

COVER LETTER

TO:

	Registration Se Division of Cor					
eup ir c	Contim Co	onsulting LLC				
SUBJEC	.l:	Name of Lim	ited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Grayson Boone				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Contim Consulting LLC				
Firm/Company						
1750 N BAYSHORE DRIVEAPT 5209						
			Address			
	Miami, FL, 33132					
			City/State and Zip Code	, =::::::::::::::::::::::::::::::::::::		
		graysonboone@gmail.co				
For furth	er information c	e-mail address: (to be used for future annual report i	ootincation)		
Graysor	n Boone		304 488-584	9		
	Name o	f Person		time Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25. 0	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:		Street Address: Registration Section				
Registration Section Division of Corporations				Division of Corporations		
	P.O. Box 632	.7	The Centre o	f Tallahassee		
	Tallahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	<u>(s.</u>)
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 8th, 201	8 and assigned
lorida document number L18000190114		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Integrative Engineers LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	455 NE 24th St apt 617, Mia	ami, FL, 33137
Principal office address MUST BE A STREET ADDRESS)		202 <u>- 202 </u>
		0 -
		2
Enter new mailing address, if applicable:	455 NE 24th St apt 617, Mia	f in the state of
Mailing address MAY BE A POST OFFICE BOX)	<u></u> .	
	<u> </u>	7. 0
		2
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter	the name of the new register
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
Then Registered Office Address.	Enter Florida street addres.	s
	, Flo	orida
	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 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
			🗆 Add
			□ Remove
			□ Change
			□Add
		 	□Remove
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			□Add
			□ Remove
			□Change

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Signature of a member or authorized representative of a member	September 3rd	2021			
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	Signatur	re of a member or authoriz	ed representative of a	nember	
Grayson Boone	Grayson Boone				