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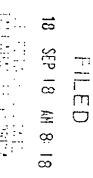
(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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SEP 22 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Integrity Alliance
Null 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:



For further information concerning this matter, please call:

Jonic Kauffnan at 305 509 9843

Name of Person Area Code Davtime 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company	y were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- S
Enter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

New Register ed Agent's Signatur e, if changing Register ed 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 Chan it g Registered Agent, Sign: a. v.c New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ŒO	Jamie Kauffina	n 5719 Shore 8	M. grad
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·FO	alla. A lada «Con		Change
<u> 10</u>	Allan Marousty	3/19/21/18 BIV	E □ Add
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.D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ASAY.	· · · · · · · · · · · · · · · · · · ·
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etive date, if other than the date of filing: The date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the ament's effective date on the Department of State's rea	(optional) e Frior to date of tiling or more than 90 days after tiling.) Pursuant to 603 applicable statutory filing requirements, this date will not be list cords.
ecord specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earli
e 90th day after the record is filed.	6

Page 3 of 3

Filing Fee: \$25.00