# L18000240578

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
3)	Business Entity Name)
(1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
	Office Use Only



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## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	WHOCHY F	Atm, UC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Michael	KOPPU Name of Person	<del></del>
	<u> </u>	Firm/Company	
	109010 GRa	nde 13001evard	<del></del>
	West Palm	Beach FL 33 City/State and Zip Code OVS OF FVS CO. COV To be used for future annual report notice	412
	E-mall address: (t	OVS O FYSCO. COY	(fication)
For further information co	ncerning this matter, please ca		,
Michael K Name of	Person	at (914) 755 (Area Code Daytim	9(010) e Telephone Number
inclosed is a check for the	following amount:		
3 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section

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 OF

Integrity Atm	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>1.18000240578</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(Principal office address MUST BE A STREET ADDRESS)	NA.	
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
3. If amending the registered agent and/or registered of	• •	nter the name of the new
egistered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	Address	Type of Action
MGR	Paige Koppy	10906 Grance Boulevard	<b>[3</b> ] Add
		West Palm Back FL 33412	□ Remove
			Change
AMBR	Bryan Duggan	1278 SE Month Lane	<b>⊠</b> Add
		Part St Lucie, Fl 34983	□ Remove
			Change
		<del></del>	
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			□ Change
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ective date, if other than the date effective date is listed, the date must be if the date inserted in this block ement's effective date on the Department.	specific and cannot be does not meet the a	pplicable statutory f		filing.) Pursuant to 6	
ecord specifies a delayed ef le 90th day after the record		t not an effectiv	e time, at 12:01 a	i.m. on the ear	lier of:
of February	1	19.			
		authorized representa	15		
Sig	nature of a member of	autionized representa	uve of a member		

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Filing Fee: \$25.00