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COVER LETTER

TO: Registration Section Division of Corporations			
suвјест: <u>Integrit</u>	J ATM L Name of Limited 1		
The enclosed Articles of Amendment a	and fee(s) are submitte	ed for filing.	
Please return all correspondence conce	ming this matter to th	e following:	
	Paige K	Nume of Person	·····
		Firm/Company	-
<u></u>	0906 Gra	nde Boulevard	
V	Ci	Beach, Florida ty/State and Zip Code	
	E-mail alldress: (to be	nors @ Frsco. Covused for future annual report notificati	<u>)</u>
For further information concerning this	matter, please call:		
Paige Koppy Name of Ferror	·	at (914) 906 9 Area Code Daytime Tel	152 ephone Number
Enclosed is a check for the following a	mount:		
	Filing Fee & Cicate 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	rs on our records.)	PH 12: 13
- (A Florida Limiled I	nability Company)	_	-, . . .
The Articles of Organization for this Limited Liability Company	were filed on	10/17/2018	and assigned
		10/11/2010	and assigned
Florida document number <u>L18000 2405 78</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		···	
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)			
		·- · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		i our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		F lorida	
·	City	, Flo rida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		•
The rest of the second of the standard of the			

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Kopay	10906 Grande Boulevard	X Add
	_	Wist Polm Beach, FL	B Kemove
		33412	Change
			C Remove
			O Change
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			Remove
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C Const	ing data. If asking skip skip data of filing.	
(प्रिक्षा स्वी	ive date, if other than the date of filing:(optional) Lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.	as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
o) The	90th day after the record is filed.	
Dated	<u>August</u> 2019	
	Signature of a member of authorized representative of a member	
	Paige answer Koppy Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00