

219 0000 43638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

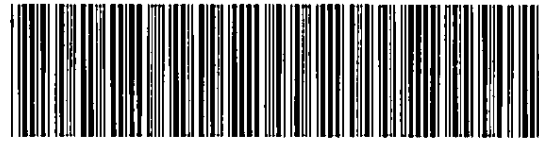
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STATE
FALL COUNTY, FL

2022 APR 27 AM 11:39

FILED

4/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: INTEGRAL REAL ESTATE SERVICES LLC
Name of Limited Liability Company

2022 MAR 30 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE ROBINETTE

Name of Person

INTEGRAL REAL ESTATE SERVICES

Firm/Company

16145 SABAL PATH

Address

PUNTA GORDA, FLORIDA 33982

City/State and Zip Code

pmrobinette@gmail.com

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

For further information concerning this matter, please call:

MIKE ROBINETTE

at (513) 443-5050

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 25 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FL

April 14, 2022

MIKE ROBINETTE
16145 SABAL PATH
PUNTA GORDA, FL 33982

SUBJECT: INTEGRAL REAL ESTATE SERVICES LLC
Ref. Number: L19000043638

We have received your document for INTEGRAL REAL ESTATE SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 022A00008719

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 APR 27 AM 11:39

INTEGRAL REAL ESTATE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/13/2019 and assigned
Florida document number L19000043638.

This amendment is submitted to amend the following:

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

BABCOCK REAL ESTATE LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

16145 SABAL PATH

PUNTA GORDA, FLORIDA 33982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16145 SABAL PATH

PUNTA GORDA, FLORIDA 33982

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>
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(If an effective 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 605.0207 (3)(b)

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.

MARCH 20, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00