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SECRETARY OF STATE
OF LANGESEE FLORING

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Integrity Home Care (Name of Limited Liabi	e Jeruica LLC ility Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to:
Nicok S. Butter. (Contact Person)	
Integrity Home Care Jone	<u> 120 s / 1</u> C
9309 Panary Juy Lane	
Jackson ville Fl 33218 (City/State and Zip Code)	1-32219
For further information concerning this matter, pleas	e call:
Nicolc Suffer at (9) (Name of Contact Person) (Are	204 661 83.08  a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flow \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
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

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

	ORGANIZATION		<i>7</i> 5
	OF		2023 ALIO
Integral Home Car (Marke of the Limited Liability Con (A Florida Limit	mpany as it how appears on our sed Liability Company)	records.)	SECRETARY OF STATE
he Articles of Organization for this Limited Liability Compa	any were filed on 02/2	8/2019	and assigned
lorida document number 1 19000068 444			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	lability company here:	•	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	<del> </del>		
Principal office address MUST BE A STREET ADDRESS	2		
		<u> </u>	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
	ce address on our records,	enter the nam	e of the new registered
	ce address on our records,	enter the nam	e of the new registered
	ce address on our records,	enter the nam	e of the new registered
gent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records,	enter the nam	e of the new registered
gent and/or the new registered office address here:	ce address on our records,		e of the new registered
			e of the new registered

I hereby accept the appointment as registered agent and agree to act in this nereoy accept the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with 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

Title	Name	Address	Type of Action
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		the Department of						
	īes a delayed eff	fective date, but n	ot an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
is filed.								
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_		Signaturof	a member or aut	horized represe	ntative of a me	mber		-

Filing Fee: \$25.00