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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		-
SUBJF	CCT:	Integrit	1 5/08al LL	<u></u>
مع.		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			TONY Alen	car
		Integrit	7 6 cog U	<u>. C</u>
		4507 3Lt	h Street Address	
		bekin	OO FL 3281 City/State and Zip Code	
		tony @ t	City/State and Zip Code LOIWLCHOIW SPEULUS to be used for future annual report not	.rom
For fur	ther information c	oncerning this matter, please c		,
	T NY Name to	f) Lincara	at (<u>407)</u> 363 Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
№ \$2:	5.00 Filing Fee	S30,00 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 Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations		
	P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 318 2019 and assigned Florida document number 490000 75071
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: N / A
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "LEC"
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) D 44
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
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 Title Name **Address** Type of Action M6P Yana Door 4507 36th Street DANG ORlando #1 32811 DRemove _____ □Change _____ □Add _____ □Remove _____ □Change _____ □Add _____ □Change ______ □Add _____

Remove _____ □Change ___ □Add

_____ □Remove

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Note:	ive date, if other than the date of filing: 318200 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e recoi rd is fi	rd 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 led.
Dated	March 18 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00