## L19000 143628

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: INTEG (CIT COL V CISC UL) CIT IM GON Name of Limited Limbility Company	fing LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MCISSA HOUSIEC  Name of Person	
Integrated Vascicia	Magny, LLC.
1131 Quaye Lake Circle	e #102_
Wellington, FL. 334-11 City/State and Zip Code	
MCNSSa. Hansler & Yocke E-mail address: (to be used for future annual report)	tmal.com
For further information concerning this matter, please call:	
MCLISSCI HCIOSIEC at (341) 35  Name of Person Area Code Day	2
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 Florida document number <u>L1900143628</u>	were filed on $5-29-19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	ACC IN TO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new $\underline{e}$ :
Name of New Registered Agent:	<del></del>
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 Melissa Hansier 1131 Quaye laxecircle DAAdd Wellington, FL. 33411 ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. 10/16.	ve date, if other than the date of filing:
) ine	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	June 11th 2019.  Signature of a number of authorized representative of a member.
	Signature of a member or authorized representative of a member  N. C. S. C. F. G. S. C. Typed or nyinged name of signee

Page 3 of 3

Filing Fee: \$25.00