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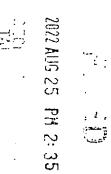
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor					
	INTEGRA HEALTH	CARE SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Jacqueline Delisme			
		Name of Person			
		Firm/Company			
	108	804 CANDLE STICK LN			
		Address			
		RIVERVIEW, FL 33679			
	j	City/State and Zip Code acquleined1935@gmail.com			
	E-mail address: (to be used for future annual report notif	ication)		
	oncerning this matter, please co	ail:			
Jacqueline Delisme		813 363-2114			
Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 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 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

INTEGRA HEALIHO	LAKE SULUTIONS LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liabil lorida document number	ity Company were filed on	and assigned
nis amendment is submitted to amend the following	ıg:	
. If amending name, enter the new name of the	limited liability company here:	
ntergra Homecare Solutions LIc		
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	"L.L.C."
nter new principal offices address, if applicable	:	22
rincipal office address MUST BE A STREET A	MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
If amending the registered agent and/or regis ent and/or the new registered office address he		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ss -
_	, FI	orida
	<u> </u>	ray Cinac

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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□ Remove
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ffective date, if other than the date of filin	ıg:		(optio	nal)		
an effective date is listed, the date must be specific and lote: If the date inserted in this block does not it	id cannot be prior to da	ate of filing or more	than 90 days after	filing.) Pur	suant to 60 not be li	05.020 sted a
locument's effective date on the Department of	State's records.					
record specifies a delayed effective date, but no d is filed.	a an effective time,	at 12:01 a.m. on t	he earlier of: (b) The 90	th day af	ter th
Pated	. •					
(b)	llisme unember or authorize		······································			