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C.V.S.V.P.J.R.

COVER LETTER

Division of Corporations	•
SUBJECT: AUINTEGRACS	SERVICES LIC
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	~
Ang Li	001100
Alley	Name of Person
	Firm/Company
8440	HARDING AUE APT 8
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: ACL DON' OD Name of Person Firm/Company BY AND BEACH FLOYING 33 141 City/State and Zip Code ACM BEACH FLOYING 33 141 City/State and Zip Code ACM Regulators: (to be used for future-annual report notification) information concerning this matter, please call: A L DON' OD Name of Person The acheck for the following amount: Of lifting Fee Source Sour
MANY Be	act Florida 33141
AUDIN tegy o	il Services (5) amoul Com sss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
AUA LIDON'SO	11(<u>786</u> , 5578737
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	s Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee
rananassee, rt. 32314	Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

20 CLB 25 PM 2: 511 iability Company as it now appears on our records.) forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01-06-2020 and assigned LZ0000012105. Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
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