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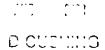


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COVER LETTER

Division of Cor				
SUBJECT:	Integrity Name of Lin	Nacine Construct ited Liability Company	ica,LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Au	Name of Person		
	Integrit	y Waring Constru Firm/Company	ctico, LLC	
	- 5943 Ham	Address		
	Coc	City/State and Zip Code		
	integrity m E-mail address:	to be used for future annual report north	mail.com ication)	
For further information c	oncerning this matter, please o	all:	20	5.A.3.
Autumn S Name o	f Person	at (331) 458 - Area Code Daytime	5564 Englishmen Sumber	$-\Delta D = 0$
Enclosed is a check for the	ne following amount:			2000 2000 2000 2000 2000 2000 2000 200
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

(Name of the Domited Liability			
(A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01 24 2020	and assigned	
Florida document number <u>L 200030198</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	CSS ₂	-	
		Sure.	
		20	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		5 0 0 X C	
		<u> जुल</u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name	e 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		
	, Florida		
 .	City	Zip Code	

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>	Name	Address	Type of Action
MGR	Joshua Tutty	5943 Homestead Ave	
		Caxa FL 32927	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change
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