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COVER LETTER

Division of Co	rporations			
SUBJECT:	Lease Integr	ity Group LLC nited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	An	na Pagge Name of Person		
	Lease	Integrity (rosp Firm/Company	LLC	
	175/5	t ST 5, Apt. 50	9	
	Throo E-mail address:	City/State and Zip Code M 513 @ 9 Mail. to be used for future annual report of	notification)	
For further information of	concerning this matter, please c	all:		
Jin Brog.	an	at (248) 703 - Area Code Day	2724	r) .
Name	of Person	Area Code Day	time Telephone Number	12 27 27
Enclosed is a check for t	he 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 F Certificate of S Certified Copy (additional copy is 	Status &

TO:

Registration Section

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

Lease Integrity Group LLC

(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on January 7, 20	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	P) in:
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> s here:	ame of the new registered
Name of New Registered Agent:	Anna Pagac 175 1st ST S Apt 509	
New Registered Office Address:	175 15 ST S Apt 509 Enter Florida street address	70 7
	Saint Defeablig . Florida	3370 (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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MG/R	Ama R. Pagac	175 12 5T 5 Apt, 509	,⊠Add
		Saint Petersburg, Fe 33701	□Remove
			Change
MGR	James E. Brogan	175 1st 5T 5, Apt. 509 Saint Aetersburg, FC 33701	□ Add
		Saint Actorsburg, FC 33701	\Remove
			□Change
			_□Add
			Add 21 ST Remove 24
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