

To:

Page: 1 of 5

2024-05-22 11:17:15 UTC+14

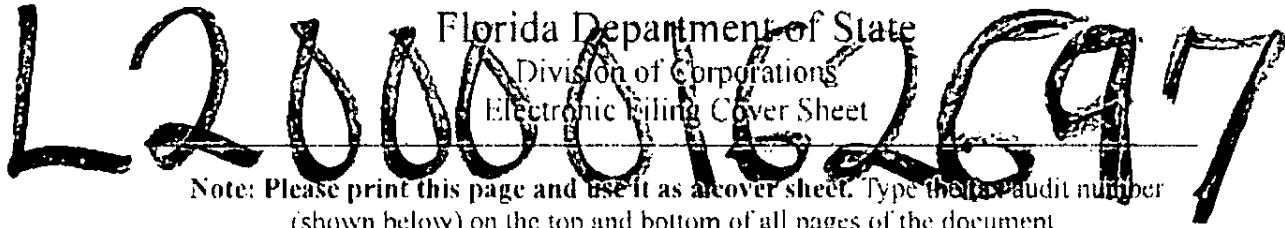
18506176383

From: ZenBusiness User

21/5/24, 16:13

Division of Corporations

H24000182489 3



Note: Please print this page and use it as a cover sheet. Type the audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

FILED
2024 MAY 22 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 22 AM 9:03

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRAL GRANT WRITING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
MAY 22 2024

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Corporate Filing Menu

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From: ZenBusiness User

COVER LETTER

H24000182489 3

TO: **Registration Section**
Division of Corporations

SUBJECT: Integral Grant Writing Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Monzon

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

c/o ZenBusiness INC

844

493-6249

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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To:

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From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Integral Grant Writing Services LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2020-06-12 and assigned
Florida document number L20000162697.

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 "L.L.C."

Enter new principal offices address, if applicable:

2609 Clubhouse Dr Suite A Plant City, FL 33566

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2609 Clubhouse Dr Suite A Plant City, FL 33566

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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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

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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PAUL A. ASSTE
FLORIDA

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