L20000 168 702

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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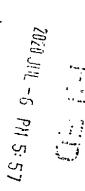


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AUG 1 8 2020 .. :

S. YOUNG



COVER LETTER

TO: Registration Se Division of Cor		<i>:</i>	
SUBJECT: INT	enprop LL		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	LANNY YOU	set	·
		Name of Person	
		Firm/Company	
	2145 CANNA	WA7 Address	
	NAPIES FL	34105 City/State and Zip Code	
		be used for future annual report notifica	
For further information co	oncerning this matter, please cal	II:	
LARRY YOUN	C1 Person	at (<u>610</u>) 213 Area Code Daytime T	6866 etephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Section	on.
Division of Co	orporations	Division of Corpo	rations
P.O. Box 632	7	The Centre of Tall	lahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IntenPROP LLC		= 1
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>人 2000で14そ</u> 702	were filed on Lone	17, 2020 and assigned.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Totegrated Smant Solutions (The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4851 TAMIA	MITANI N
Principal office address MUST BE A STREET ADDRESS)	NAPLES FL	MITANIN N 34103
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
		nton the name of the new major
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new register
gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new register
gent and/or the new registered office address here:	Enter Florida street a	
Name of New 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
		□Remove	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

. 11 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Lune 30, 2020
	ignature of a member or authorized representative of a member
	1 000 Y
	LARRY YOGCL Typed or printed name of signee

Filing Fee: \$25.00