

L70000292190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

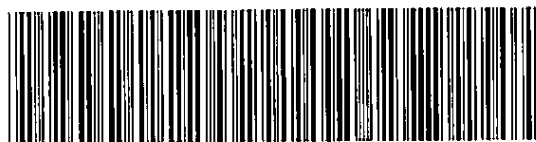
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700403189937

L2 27/23--01025--897 **25.00

~~RECEIVED~~

R. HUNT

02/27/23

RECEIVED
2023 FEB 27 PM 1:21
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIER ONE INTEGRITY, 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:

STEPHANIE M. ROSE
Name of Person

TIER ONE INTEGRITY (FICTITIOUS NAME: "SELLSTATE INTEGRITY REALTY")
Firm/Company

2252 CAMP INDIANHEAD RD.
Address

LAND O' LAKES, FL 34639
City/State and Zip Code

THE ROSE GROUP TAMPA @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE M. ROSE at (813) 765-2253
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

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

TIER ONE INTEGRITY, 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 2-25-23 and assigned
Florida document number L20000292190

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
MAR 27 PM 1:21
TALLAHASSEE FL
STATE

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

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>
MGR	NEIL CRESSWELL	2252 CAMP INDIAN HEAD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARY J ROSE	2252 CAMP INDIAN HEAD RD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE M. ROSE	2252 CAMP INDIAN HEAD RD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEPHANIE M. ROSE	2252 CAMP INDIAN HEAD RD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 FEB 27 PM 1:21
FLORIDA DEPT OF STATE
LANDS & FORESTS

REC'D
MAR 27 11 121
STATE
OFFICE

REC'D
MAR 27 11 12 AM '21
FLORIDA STATE
LABORATORY

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 25TH, 2023.

Stephanie M. Rose
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

STEPHANIE M. ROSE

Typed or printed name of signee

Filing Fee: \$25.00