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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: RIC	KY ROOFING	LLC	
SUBJECT: TYTE		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	AlexANDER 1	FI O S A Name of Person	
	Alexander Fi	Tosa J Associ	
	_5840 Red 6	Bug Lake Road, Suit	e#475
	WINTER Spring	95 Florida 3a708 City/State and Zip Code	
	Rustic Pine	ranch @ AUL, Com to be used for future annual report notific	
			cation)
For further information c	oncerning this matter, please co	all:	
Flex Amber		at ( <u>407</u> ) 619-14	ID
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Fiting 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporation	
P.O. Box 632	7	The Centre of Ta	llahassee
Tallahassee, I	EL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ricky	Roofing	LLC			3 PM 3:24
(Name of the L.	imited Liability Co (A Florida Lim	mpany as it new appears ited Liability Company)	on our records.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	− .TE
The Articles of Organization for this Limited Florida document number <u>L 210061</u>		any were filed on M	arch 15 2c		* * * * * * * * * * * * * * * * * * * *
This amendment is submitted to amend the f	following:				
A. If amending name, enter the new name INTEGITY Home Solution The new name must be distinguishable and contain the new name and the ne			<del></del>	or the abbreviation	1 "L.IC."
Enter new principal offices address, if app	plicable:				
(Principal office address MUST BE A STR	EET ADDRESS	<u> </u>			
		<del></del>		······································	<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	CE BOX)				·-
					· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/o agent and/or the new registered office ado		īce address on our re	cords, <u>enter th</u>	e name of the	new registered
Name of New Registered Agent:		*****		····	
New Registered Office Address:		Entar Elseis	da street address		
		Luci Punt		:a.	
		City	, Flori	ida Zip Co	ode

## 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
			□ Add
		<del> </del>	□Remove
			□ Change
			□Add
		<del> </del>	□Remove
			□Change
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Effective date, if other than the date of filing: MAY 20, 2023 (optional)  ((If an offective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date instracted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  the record 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 cord is filed.  Dated MAY 20 , 2023  When the properties of a member or authorized representative of a member		
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	Dated	MAY 20 , 2022.
		Juny R
		Signature of a member or authorized representative of a member  RICKZARDY RIVERA  Typed or printed name of signee

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