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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration S Division of Co					
	nvestment & Tax Advisory, LL	С			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Richard Bates				
		Name of Person			
	Integrity Investment & Ta	x Advisory, LLC		20	
	<u> </u>	Firm/Company		TOP J	
	500 W. Cypress Creek Rd	Suite 250		2024 JAN 12 ANTI: 45 SECRETARY OF STATE	
		Address		明25 P	
	Fort Lauderdale, FL 33309)		第5	
		City/State and Zip Code		FE 5	
	rick@iiata.com	to be used for future annual report noti	(Y)	, , ,	
For further information	ri-mait address: (concerning this matter, please c	·	(Heation)		
Richard Bates		954 412-8279 at ()			
Name (of Person		e 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)	Certified (e of Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction		
Division of C	Corporations	Division of Corporations			
P.O. Box 63. Tallahassee,		The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 81	0	

Tallahassee, FL 32303

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

Integrity Investment & Tax Advisory, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record- Liability Company)	<u>~</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000225912	were filed on <u>05-14-2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Retirement Income Source of Fort Lauderdale, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviated "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)		ni Di
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Fla	orida
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date m <u>Note:</u> If the date inserted in this l							
ocument's effective date on the				y ming requir		inte will not be	THE COLUMN
record specifies a delayed effect	ve date, but n	ot an effective	e time, at 12:01	l a.m. on the e	arlier of: (b)	The 90th day a	after the
I is filed.							
January 9		2024					
Pated		_,	·				
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		/ /// X / "Y	71/				
	Signature of	a member or at	thorized represe	intative of a mer	nber		-

Filing Fee: \$25.00