## h21000299551

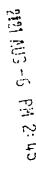
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Co			
Integrity M	1aterials Testing, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	undence concerning this matter	to the following:	
	Josselyn Gonzalez		
		Name of Person	
	Marlowe McNabb Machni	ik, P.A.	
		Firm/Company	
	1560 W. Cleveland St.		
		Address	
	Tampa, FL 33606		
		City/State and Zip Code	<del></del>
	josselyn@marlowemenabb	.com to be used for future annual report not	(Gention)
For further information of	concerning this matter, please c		incurion)
Josselyn Gonzalez		813 251-3013	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 633	27	The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Materials Testing, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability C Florida document number <u>L21000299551</u>	ompany were filed on June 29, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	ا الله الله الله الله الله الله الله ال
		ش 1
		5
Enter new mailing address, if applicable:	<del></del> -	
(Mailing address MAY BE A POST OFFICE BOX)	-	
		<del></del>
		. 01
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	23
	, Fl	orida
	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 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>	Address	Type of Action
MGR	Danette Edgar	P.O. Box 2436	Add
		Land O' Lakes, FL 34639	□Remove
			□Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change □ □ □Add □
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		-	□Change
			□Add
			□Remove
			□ Change

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effecti <u>e:</u> If i	date, if other than the date of filing: \( \frac{1}{2} \) \( \frac
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	July 29, 2021.
	Signature of a methber or authorized representative of a member
	Signature of a methber or authorized representative of a member  Danette Edgar

Filing Fee: \$25.00