h22000145675

(Requestor's Name)				
(Address)				
(Address)				
(
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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SECULO PARCA CAL SERVIT

COVER LETTER

INTEGRITY SCHOOL OF THE ARTS, LLC								
SUBJECT: Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspo	ndence concerning this matter t	to the following:						
	AUSTIN GREEN							
	Name of Person							
	N/A							
Firm/Company								
	8399 ADELE RD							
Address								
	LAKELAND, IFL 33810							
	City/State and Zip Code							
INFO@INTEGRITYFINEARTS.COM								
	E-mail address: (t	to be used for future annual report notifi	ication)					
For further information of	concerning this matter, please ca	all:						
AUSTIN GREEN		772 713-8091						
Name of Person		Area Code Daytime	: Telephone Number					
Enclosed is a check for t	he following amount:							
□ \$25.00 Filing Fee	S30.00 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)					

Registration Section

Division of Corporations

TO:

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

FILED

INTEGRITY SCHOOL OF THE ARTS, LLC

2022 MAY 31 AM 11: 49

Zip Code

(Name of the Limited Liability Compa (A Florida Limited	Liability Company) TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company		
Florida document number L22000145675		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	939 E. PARKER ST LAKELAND, FL 33801	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

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	<u>Address</u>	Type of Action
AMBR	TERESA NICOLE GREEN	8399 ADELE RD	≣ Add
		LAKELAND, FL 33810	
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петюve
			□Change
			□Add
			□Remove
			□Clunge
			□Add
			□Rелюve
			□ Change
			🗀 Add
			□Remove

Typed or printed name of signee