L22 600 340 720

(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:





200394738462

09/27/22--01011--013 **30.00



COVER LETTER

TO: Registration Se Division of Cor		•	·
OR INTEG	RITY SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
1			
	OLGA RECEAN		
		Name of Person	
	OR INTEGRITY SOLUT	ONS LLC	
		Firm/Company	
	5600 LAUREL CHERRY	AVE	
		Address	
	WINTER GARDEN FL 3-	1787	
		City/State and Zip Code	
	OR.INTEGRITYSOLUTIC E-mail address: (NS@GMAIL.COM to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c		
OLGA RECEAN		253 2852595	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ortion.
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OR INTEGRITY SOLUTIONS LLC		2027
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	· 4 (1)
The Articles of Organization for this Limited Liabili Florida document number L22000340720		and assigned.
This amendment is submitted to amend the following	g:	64 10
A. If amending name, enter the new name of the	limited liability company here:	.,
BUSINESS INTEGRITY SOLUTIONS LLC		
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 AL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_		a
	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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			☐Change
			□ Add
		-	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

		 -	
_			
_			
_			
			
		7022 •	
		0022 SEP	
		27	
		Ch	i
		A 10:	1
		ig 6	
		 ,	
E fforester	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) 190 days after filing.) Pursuant to 605.02	07 (1 as th
If an effect Note: If	f the date inserted in this block does not meet the applicable statutory filing requint's effective date on the Department of State's records.	rements, this date will not be listed	
If an effect <u>Note:</u> If documen	f the date inserted in this block does not meet the applicable statutory filing requint's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the		ie
If an effect Note: If document of record: is filed	f the date inserted in this block does not meet the applicable statutory filing requint's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the		ie
If an effect Note: If document of record: a filed stilled stil	f the date inserted in this block does not meet the applicable statutory filing requint's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d.	earlier of: (b) The 90th day after th	ie

Filing Fee: \$25.00