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(Re	equestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT:	Negrity-Settler Name of Limi	Went Group, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Headher	Whiteleer-Dubin Name of Person	<u> </u>
		Ly Sellement Gr J Firm/Company 1MMVCial Blv	voup, ilc
	<u>2330</u> (	MMINCIAL BIV	d. Suite 300
	State Coll	pg PA 16861 Otty/State and Zip Code	. <u></u>
	_	Clist WHK integral to be used for future annual report noti	y, COM figation)
For further information c	oncerning this matter, please ca	ill:	
Hather Name o	Nhithker-July Person	at (\$14) <u>753 – L</u> Area Code Daytim	t 50 e Telephone Number
Enclosed is a check for th	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 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 Soffement	Services LLC	2022_AUG    AH 9:
(Name of the)Limited Liability Compar (A Florida Limited L	iability Company)	SECOLOMA I SECOLOMIA TALLABASSEEL FEGA
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 814122	FALL ANASSEE, FEGH
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "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)	2330 COMMONCIA State College, PA	<u> L BIVd Sinto 300</u> 1680 L
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:	<del>,</del>	
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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>	<u>Address</u>	Type of Action
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