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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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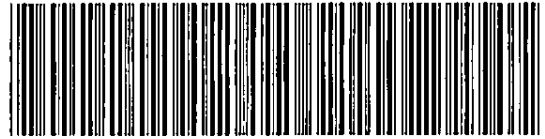
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity Permit Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nora Frayre

Name of Person

Integrity Permit Solutions

Firm Company

5187 Crystal Beach Rd

Address

Winter Haven FL 33880

City State and Zip Code

integritypermitrunner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Nora Frayre

863

3084682

at (

Name of Person

Area Code

Daytime 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)

☐ \$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**

Integrity Permit Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/28/2022 and assigned Florida document number L22000499180.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Integrity Permits LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

5187 Crystal Beach Rd

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven FL 33880

Enter new mailing address, if applicable:

same

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nora M Frayre

New Registered Office Address:

5187 Crystal Beach Rd

Enter Florida street address

Winter Haven

City

Florida 33880

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.

Nora M Frayre
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>	<u>Type of Action</u>
<u>Authorize member</u>	Nora M Frayre	5187 Crystal Beach Rd	<input type="checkbox"/> Add
		Winter Haven Fl	<input type="checkbox"/> Remove
		Authorize Member	<input checked="" type="checkbox"/> Change
<u>Manager</u>	Miguel A Jurado	5187 Crystal Beach Rd	<input checked="" type="checkbox"/> Add
		Winter Haven Fl 33880	<input type="checkbox"/> Remove
		Manager	<input type="checkbox"/> Change
<u>Manager</u>	Rigoberto Flores Frayre	5187 Crystal Beach Rd	<input type="checkbox"/> Add
		Winter Haven Fl 33880	<input type="checkbox"/> Remove
		Manager	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated January 19th 2024 /

Typed or printed name of signee

Filing Fee: \$25.00