L23000249723

(Requestor's Name)			
(Address)			
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A. RIVERS

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor	rnorations		
Λ .	Hopatic I	ntegrity L	LC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	\wedge	He Tatum	
	Auth	Name of Person	grityLLC
		njamin LN	
	<	Address	11222
	JUR	usoty FL S	4235
	E-mail address: (i	City/State and Zip Code tatum 2 (a) y to be used for future annual report soil	mail. COM
For further information c	oncerning this matter, please ca	all:	
Aristot	e Tatum	at (441) 539	- 5334
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
¥i \$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		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

thentic Integrity (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 _5/23 | 2023 and assigned Florida document number <u>L23000249723</u>

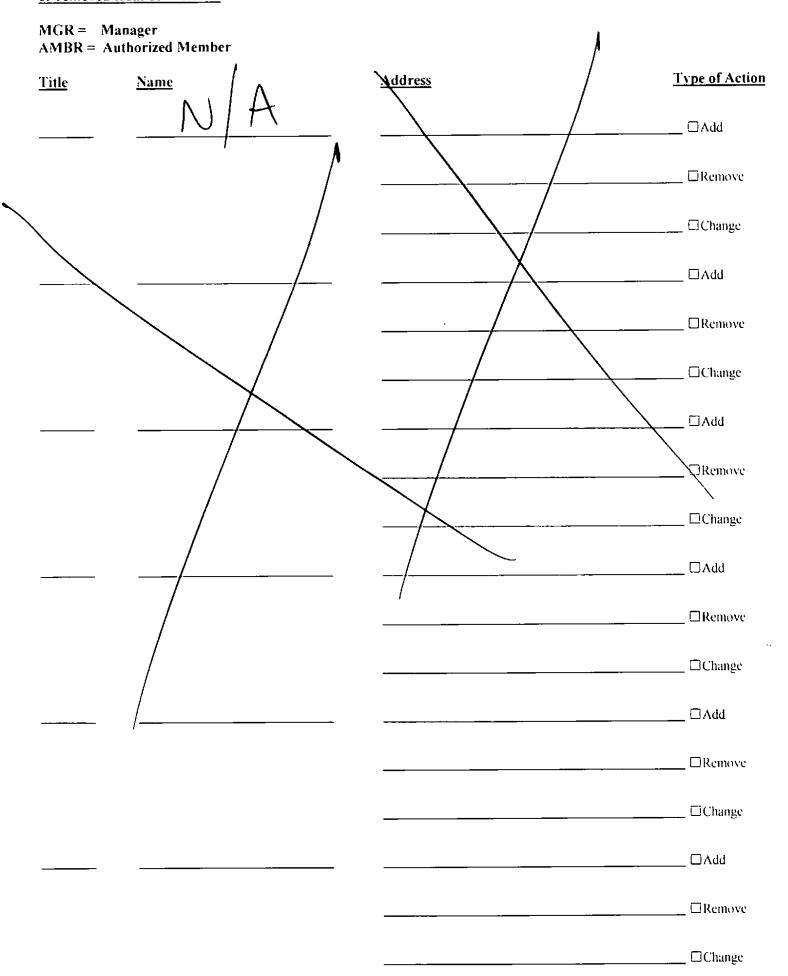
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:	1) C	
Greek God	Servi	ces LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		~ · ·	
Enter new mailing address, if applicable:	N/R		
(Mailing address MAY BE A POST OFFICE BOX)			
	-	~	
		<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered	
-			
Name of New Registered Agent:	same as be	fore	
<u></u>		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: Enter Florida street address			
			
	City	. Florida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

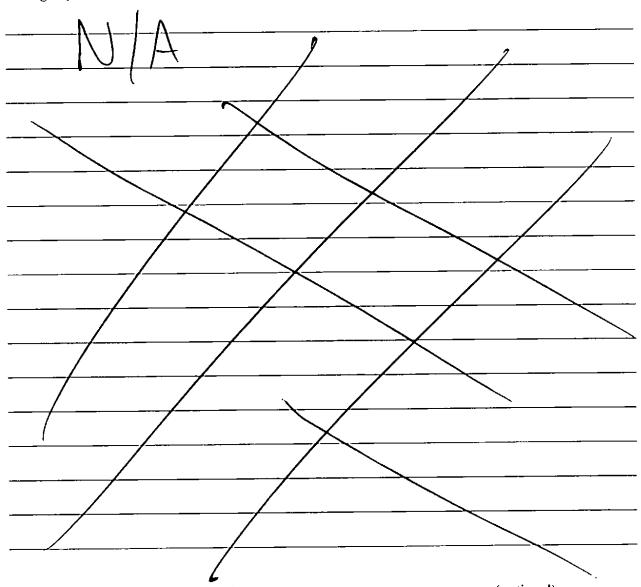
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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:



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5 26 2023

Constitution of a member of authorized representative of a member Aristotle Tatom

Typed or printed name of signee

Filing Fee: \$25.00