## 000260178

(Requestor's Name)
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,
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## **COVER LETTER**

TO: Registration So Division of Con			
	Y BUILDERS, LLC		
SUBJECT:	Name of Lim	nited 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:	
	L.A. Johnston		
•		Name of Person	<del></del>
	Integrity Builders, Ile		
	<del></del>	Firm/Company	
	8520 Merger Road		
		Address	· · · · · · · · · · · · · · · · · · ·
	Pensacola, Fl. 32514		
		City/State and Zip Code	
	LA@integritybuilders.pro		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
L.A. Johnston		850 791-3979 at ( )	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of	
Tallahassee, l	CL 32314	Z413 IV. IVIONIO	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRITY BUILDERS, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on MAY 30,2023	and assigned
Florida document number L23000260178		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		• .
New Registered Office Address:	Enter Florida street address	
	. Floric	da.
	City, Florid	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 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	Address	Type of Action
AMBR	JESSE VALDEZ	520 JACOBI RD	<b>≣</b> Add
		MOLINO, FL. 32577	
			Change
			□Add
		Remove	
			□Change
			□Remove
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ffacti	ve date, if other than the date of filing: (options	al)
an effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this deem's effective date on the Department of State's records.	ng.) Pursuant to 605.020
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th day after the
ated _	TUNE 03 2024	
	" MATO	
	Signature of a premier of authorized representative of a member	

**[** ]

Filing Fee: \$25.00