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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : YADIRA'S BOOKKEEPING & TAX SERVICES, INC

Account Number : I20210000084 Phone : (786)329-9057 Fax Number : (786)580-5161

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION FERCALA INTEGRATED SOLUTIONS LLC

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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			v		
SUBJECT		INTEGRATED SOLUTIONS	LLC			
JODGEC!	1.	Name of Lim	ited Liability Company	•		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Plaase ren	ım all correspo	ndence concerning this matter	to the following:			
		ADRIANA M FERNAND	EZ DE CASTRO.			
			Name of Person			
		FERCALA INTEGRATEI	O SOLUTIONS LLC			
		FinivCompany 7284 N FRONTAGE RD SUITE 5404				
		Address				
		ORLANDO, FL 32812				
		City/State and Zip Code				
		APERCDE@GMAIL.COM	to be used for future annual report no	wiExxx.og/		
For further	r information c	oncorning this matter, please co	·	entition)		
ADRIAN	a M FERNAN	DEZ	689 270-6656 at ()			
	Name o	f Person		me Telephone Number		
Enclosed i	s a check for th	ne following amount:				
₹ \$2 5.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Iailing Addres Legistration S		Street Address:	anticu.		
	egistration s		Registration S Division of Co			
	.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

FERCALA INTEGRATED 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 Liabi	lity Company	were filed on 08-	15-2023		and assigned
Florida document number L23000366514	 '				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the de	esignation "LLC" of	the abb	eviation "L.L.C."
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				***************************************

Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BQ)	<u>X)</u>				
B. If amending the registered agent and/or regis	stered office a ere:	ddress on our re	cords, <u>enter the</u>	name	of the new registered
Name of New Registered Agent:					
New Registered Office Address:				6:36	
		Enter Flori	da street address	•;	
_			, Florid	la <u> </u>	<u></u>
New Poolstand Assess Clause Co.		City			Zip Code
New Registered Agent's Signature, if changing Regi				- x	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha-	nd complete p ed agent as p stered office a	performance of n rovided for in Cl	nv duties, and I hanter 605 F.S	r agree ám fai Or ii	niliar with and this document is

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

Title	Name	Address	Type of Action
MGR	Laura Maria	7284 N FRONTAGE RD SUITE 5404	≣ Add
	Fernandez de Castro Espanagoza	ORLANDO, FL 32812	
			□Change
			□ Add
			□Remove
			TChange
			□Remove
			□Change
			□ Add
			ERemove
			□Change
			GRemove
			LDAC
			□Remove
			Change

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godið apenil is filed.	bern delayed effective dure; but not an effective time, at 12:01 a.m. on the earlier of: (b). The 99th day ofter d
	ST 15TH 2023
ed <u>AUGU</u>	1 CTO 11 4 7
ed <u>AUGO.</u>	REPLY

Filing Fee: \$25.00