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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Integrated Land F	artners LLC
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ted for filing.
Please return all correspondence concerning this matter to t	he following:
Sean 1	Japditano
	name of retson
Aspire U	egal Solutions PCLC
Po Box 54	47945 Address
Orlando, F	-C 32-854 City/State and Zip Code
Snapolitano	E used for future annual report notification)
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, please call:	
Sean Napolitano	at (407) 770-0100
Name of Person	Area Code Daytime Telephone Number
For lateral in such cash Country College in a succession	
Enclosed is a check for the following amount:	□ 055 00 PW P
☐ \$30.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTEGRATED LAND PART	NERS LLC					
(Name of the Limited Liability Company (A Florida Limited Liab	is it now appears lity Company)	on our records.)				
The Articles of Organization for this Limited Liability Company we	ere filed on	8/14/2023		and assig	gned	
Florida document numberL23000380925	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :				
Integrated Equity Partners LLC						
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contai	Company," the des	ignation "LLC" or the	abbrevia	ation "L.L	.C."	
Enter new principal offices address, if applicable:	N/A		!			
(Principal office address MUST BE A STREET ADDRESS)				025		
			:-	<u> </u>	• • • •	
			. ', '	$\frac{1}{\omega}$	C ; •	
Enter new mailing address, if applicable:		N/A	· · -	فدو	· ·	
(Mailing address MAY BE A POST OFFICE BOX)	ailing address, if applicable:					
_				C)		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our rec	cords, <u>enter the na</u>	ime of	the new	registere	
Name of New Registered Agent:	N/A	<u> </u>				
New Registered Office Address:						
New Registered Office Address.	Enter Florid	la street address				
	, Florida City Zip Code					
	City		Zi	p Code		
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree t provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of n	iy duties, and I ai	n famil	iar with	and	

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.

N/A

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>	Address	Type of Action
		N/A	□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
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			Change
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meenve an effecti	date, if other that ive date is listed, the dat	e must be speci	fic and cann	ot be prior to		g or more tha			it to 605.0207 (
<u>lote:</u> If i	the date inserted in the	his block does	not meet	the applical	ble statutor:	filing requ	irements, this	s date will not	be listed as t
ocument	s's effective date on t	he Departmen	nt of State	s records.					
record s	pecifies a delayed ef	fective date, bi	ut not an e	ffective tin	ie. at 12:01	a.m. on the	earlier of: (b) The 90th d	ay after the
l is filed.									
ated	December 9			2024					
	1 1	1			_				
		7 5	-						
		Signature	of a memb	er or author	izett-represer	ntative of a m	ember	-	

Filing Fee: \$25.00