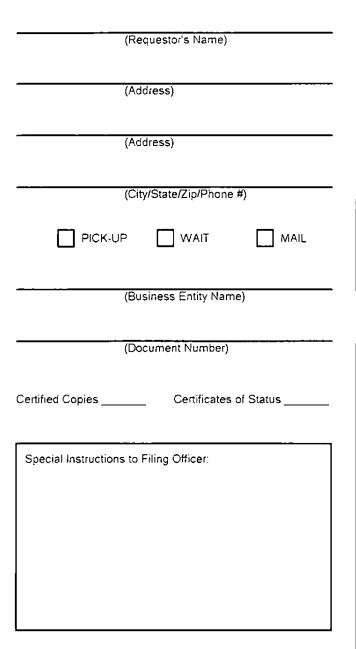
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Office Use Only





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	LG Integrate	ed LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Luis A.	Comez Name of Person	
	LG In	tegrated LLC Firm/Company	
	972 Pa	almeto St Address	
	<u>Oviedo</u> F	L 32765 City/State and Zip Code	<u> </u>
	Lggumez	1020@gmail.com	
For further information co	oncerning this matter, please ca	all:	
Luis A. G Name of	o MQZ Person	a: \	- 9377 Telephone Number
Enclosed is a check for the	e 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		Streat Address	

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

LG Integrated	LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000408062</u> .	y were filed on 8/8/33 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
OLD School Junk			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	2[2		
	\$5 \(\frac{1}{2}\)		
Enter new mailing address, if applicable:	ဟ .		
Mailing address MAY BE A POST OFFICE BOX)	TO 124		
	<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	 		□ Add
			□Remove
			□Change
*****			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			
			□Remove
			Change
		-	□ Add
			□Remove
			Change

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Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated	··
	Signature of a member or authorized representative of a member
	Typed or printed name of signee