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70.

Division of Componations

Fax Number : (850)617-6383

řroπ:

Account Name : US TAX CONSULTING INC

Account Number : 120160000060

: (487)574-8989

Fax Number

: (407)674-8970

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTEGRAL VISTA VENTURE LLC

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T. LEMEUX

AUG 1 2 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF INTEGRAL VISTA VENTURE LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>08/29/2023</u> and assigned Florida document number: L23000405783

Article I

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

7699 TANGERINE KNOLL LOOP, WINTER GARDEN, FL, 34787

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

7699 TANGERINE KNOLL LOOP, WINTER GARDEN, FL, 34787

Article IV

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MAIA BERTINO, ROBERTO

New Registered Office Address: 7699 TANGERINE KNOLL LOOP, WINTER GARDEN, FL 34787

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 affice 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ALLGAYER BERTINO, LUCAS	7699 TANGERINE KNOLL LOOP	REMOVE
		WINTER GARDEN, FL 34787	ADD
D. If ame	ending any other information, e	nter change(s) here: (Attach additional	sheets, if necessary.)
			

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: PUONST 047 2024.

ROBERTO MAIA BERTINO / AMBR

EMIRE ALLGAYER BERTINO / AMBR

LUCAS ALLGAYER BERTINO / AMBR