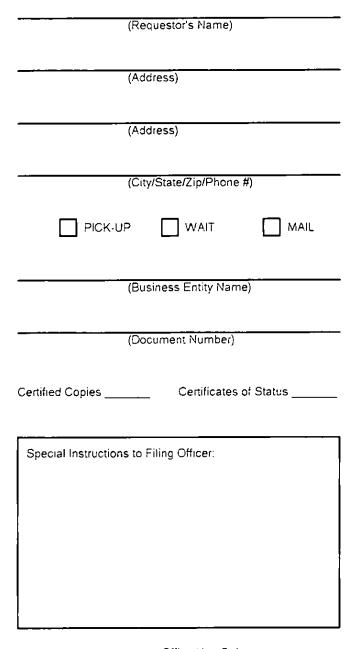
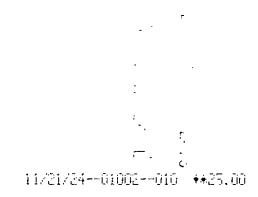
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Office Use Only



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WHO ELVED

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Integrated Strategies	Solutions, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ta	aryn On-Sang	
		Name of Person	
		Firm/Company	
	805	55 NE Miami CT	
		Address	
	Mia	mi, Florida 33138	
		City/State and Zip Code	
	•	nsang@gmail.com to be used for future annual r	eport notification)
For further information	concerning this matter, please ca	all:	
	n-Sang	at (<u>786</u>)	999-2523
Name .	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre		Street Ad	
Registration Division of 0	Section Corporations	_	tion Section of Corporations
P.O. Box 63			tre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrated Strate	gies Solutions,	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appe ited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on _	09/03/2024	and assigned
Florida document number <u>L24000383561</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
Taryn On-Sang, Ll			
The new name must be distinguishable and contain the words "Limited I	iability 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	5)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			۲.
B. If amending the registered agent and/or registered off	ice address on our	records, enter the na	me of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:			
	Enter Fi	lorida street address	
		, Florida _	
	City:		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and	agree to act in thi	s capacity. I further a	gree to comply with th
provisions of all statutes relative to the proper and comp	lete performance (of my duties, and I an	n familiar with and
accept the obligations of my position as registered agent			

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			Change
			
			□Remove
			Change
			□Add
			🗀 Remove
			Change
			\Add
			□Remove
			Change
			□Add
			Remove
			□Change

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ffect an eff	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
recor Lis fi	d 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 led.
ated	
	Signature of a morber or authorized representative of a member
	Digitality of a mid-lost of datastrated representative of a mining
	Taryn On-Sang

Filing Fee: \$25.00