106000002139

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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TĂLLAHĀSSĒE, FLORIDA 2024 OCT 24 AM 9: 55

2024 OCT 24 PM 3: 13



To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 10/24/24 Order #: 1661163-1

Re: Brokers International Financial Services, LLC

Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Foreign Amendment to Certificate of Authority Amount to be deducted from our State Account: \$25 - FL State Account Number: 12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Divis	ion of	Corporations			
SUBJECT:	Broke	s International Financial Se	rvices, LL0	C	
Bo Bo E C I .		Name of Foreig	gn Limited	Liability Co	mpany
Dear Sir or N	/ladam:				
The enclosed	applic	ation, certificate and fee(s)	are subm	nitted for filing	Ţ.
Please return	all co	respondence concerning th	is matter	to the following	ng:
c/o Legal De	pt. Kin	nberly Warren			
		Name of Person			
Integrity					
		Firm/Company			
1445 Ross A	venue,	40th Floor			
		Address			
Dallas, TX 75	5202				
		City/State and Zip Cod	e		
legal@integri	ity.com				
E-mail add	iress: (to be used for future annua	l report no	otification)	
For further in	nforma	tion concerning this matter.	, please ca	all:	
Kimberly Wa	rren		972 at (999-1)	018
-	Nan	ne of Person	Area	Code & Dayt	ime Telephone Number
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			
		a check for the following			C ¢40 Eiling For
□\$25 Filing	ree	☐ \$30 Filing Fee & Certificate of Status		Filing Fee & Ified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

TO: Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	e records of the Florida	Department of	
State: Brokers International Financial Services, LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		ÄĹĹ	2024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		VHASSE F. F. ORID	2024 DCT 24 AM 9: 5
2. The Florida document number of this limited liability of	company is:	02739	<u>~</u>
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 06/13/2022	2		.
SECTION II (5-9 complete only the applicable change			
5. New name of the limited liability company: Integrity (must contain	Alliance, LLC in "Limited Liability C	ompany, ""L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or "	members adopting the	business in Florida and alternate name. The alternate	d attach a emate name
6. If amending the registered agent and/or registered offic registered agent and/or the new registered office address I		rds, enter the name of th	ne new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da Street Address	
	Emer 1 lor		
	City	, Florida Zip C	ode
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent and at the provisions of all statutes relative to the proper and co and accept the obligations of my position as registered ag document is being filed to merely reflect a change in the reliability company has been notified in writing of this change.	agree to act in this cap implete performance of gent as provided for in registered office addres	my duties, and I am far Chapter 605, F.S. Or, i	niliar with f this

le/ Capacity	Name	<u>Address</u>	Type of Actio
			□Add
			□Remo
			□Rem
			
			□Reme
			□Add
			□Rem
			□Add
Attached is a certi	ificate, if required: no more than 90 da	ays old, evidencing the ne official having custody of records zed.	Remoderation Property of the P

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "BROKERS INTERNATIONAL
FINANCIAL SERVICES, LLC", CHANGING ITS NAME FROM "BROKERS
INTERNATIONAL FINANCIAL SERVICES, LLC" TO "INTEGRITY ALLIANCE,
LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF OCTOBER,
A.D. 2024, AT 10:35 O'CLOCK A.M.





DELAWARE CERTIFICATE OF AMENDMENT

OF THE CERTIFICATE OF FORMATION

OF BROKERS INTERNATIONAL FINANCIAL SERVICES, LLC

(Pursuant to Section 18-202 of the Delaware Limited Liability Company Act)

FIRST: The name of the limited liability company is Brokers International Financial Services, LLC (the "Company").

Pursuant to the provisions of Section 18-202 of the Delaware Limited SECOND: Liability Company Act, the Certificate of Formation of the Company (the "Certificate") is hereby amended to reflect the following changes:

Article 1 of the Certificate is hereby amended to reflect a change of the name of the Company. Article 1 of the Certificate is hereby amended and restated in its entirety to read as follows:

> "1. The name of the limited liability company is Integrity Alliance, LLC."

THIRD: The amendment to the Certificate shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate this 15th day of October 2024.

> By: Vernie Hau Name: Vernie Hsu

Title: Authorized Person

State of Delaware Secretary of State Division of Corporations Delivered 10:35 AM 10/16/2024 FILED 10:35 AM 10:16/2024 SR 20243959588 - File Number 5975158