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SEP 1 0 2015

C. CARROTHERS

COVER LETTER

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TO: Amendment Section Division of Corpora			
NAME OF CORPORA DOCUMENT NUMBE	TION: <u>INTE</u>	GRAL 50 DD 16790	<u>CUTIONS</u> 899 Co.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	ALEX AND,	RA C.	CASTANO
_	ACC Cons	Name of Contact Person $OHINGSE$	CASTANO ERVICES OU BLUD. 2KB
_	175 For	TAINED/E	OU BLUD. 2KB
	MIANI	Address FL 33	71721
		City/ State and Zip Cod	e
a/ϵ	E-mail address: (to be us	ris Fina 2 sed for future annual report	001 a yahoo.com
For further information of	concerning this matter, pleas	se call:	
ALEXAND, Name of	AAC. CASTA	4 <i>00</i> at (7 <i>86</i> Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation

of

INTEGRAL SOLU (Name of Corporation P 15000 0 167	TIONS	899	CORP	•
(Name of Corporati	ion as currently filed	l with the Florid	Dept. of State)	
P 150000 167	96			
(Docum	ment Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation. A. If amending name, enter the new name of the continuous continuou		la Profit Corpora	tion adopts the follow	ving amendment(s) to
•		****		The new =
name must be distinguishable and contain the wor "Corp.," "Inc" or Co.," or the designation "Corpword "chartered," "professional association." or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	o," "Inc." or "Co". cabbreviation "P.A."	A professional c		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
D. If amending the registered agent and/or registenew registered agent and/or the new registered		Florida, enter tl	ne name of the	
Name of New Registered Agent				
	(Florida street add	dress)		_
New Registered Office Address:			, Florida	
	(City)		(Z	ip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	vistered Agent: I am familiar with a	nd accept the obli	gations of the position	ч.
Sion	nature of New Registe	red Agent if char	nging	<u></u>

address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO sheld. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief l r, Directo in the fo wes the c	virector besary) le by the fit: T= Trea Financial or would the sound of the sound t	eing added: Irst letter of the off Insurer; S= Secret Officer. If an off the PTD, anner. Currently In, Sally Smith is n	fice title: ary; D= Director licer/director hold John Doe is liste	r; TR= Trust ls more than d as the PST	ector being removed and title, name, and ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office and Mike Jones is listed as the V. There is ald be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			
_X Add	<u>SV</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		Æ	<u>Addres</u> s
1) Change	PZ	<u>) </u>	ANGEL	L. IAn	NUZZ	10825 SW 885T.
Add					_	10825 5W 885T. Apr. 238
Remove					_	Miami, FL 33170
2) Change		_				
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6) Change		<u></u>				
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Remove

an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
tlate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/01/2015	
Signature (By a Director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	ırt
$\frac{AnGE(L. IANNUZ)}{\text{(Typed or printed name of person signing)}}$ $PRESIDENT/DIVECTOR$	Z/
(Typed or printed name of person signing)	
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(Title of person signing)	_