P05000018000

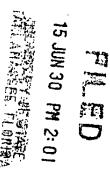
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2015

LILIANA CAMACHO INTEGRATED SALES AND MARKETING GROUP INC 1019 VAN BUREN STREET HOLLYWOOD, FL 33019

SUBJECT: INTEGRATED SALES AND MARKETING GROUP, INC.

Ref. Number: P05000018000

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 215A00012161



June 2, 2015

Re: Removal of Officer

EIN: P05000018000 integrated Sales and Marketing



To whom this may concern,

I would like to remove Michael internoscia from my company Integrated Sales and Marketing as Title Officer. He shall no longer be active in the company.

Please confirm by email to Amanda@bh3llc.com or fax 954-692-9066 once this is complete,

Thank you,

Liliana Camacho

COVER LETTER

Division of Corpo		
NAME OF CORPOR	RATION: Integrated Sales and Munketing G BER: PO5000018000	Roup, cluc.
DOCUMENT NUMB	BER:	•
The enclosed Articles of	s of Amendment and fee are submitted for filing.	
Please return all corresp	espondence concerning this matter to the following:	
_	amanda Scott	
	Name of Contact Person	
-	Firm/ Company	
_	21500 BISCUME Blod. Sufe 302	5
	21500 BISCAPUL BINS. Sufe 302 3 Aventura. Fr 33180	JUN 70
-	City/ State and Zip Code	
	Micheael bh3/1c.com	
	E-mail address: (to be used for future annual report notification)	D 2: 02
For further information	on concerning this matter, please call:	-
Michel	l Neumann at 780, 252-2811	
Name o	of Contact Person Area Code & Daytime Telephone Number	-
Enclosed is a check for	or the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	



TO: Amendment Section

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

·		The state of the s
<i>;</i> ,	Articles of Amendment	
·	to	3
	Articles of Incorporation	
Integrated	Sales and Marketing	
(Name of C	orporation as currently filed with the Florida	ept. of State)
	P050000/8000	ST.
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1000 ts Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
	n 16 .	The new
	the word "corporation," "company," or "inco on "Corp," "Inc," or "Co". A professional corp n," or the abbreviation "P.A."	orporated" or the abbreviation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF F</u>		
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the	name of the
	- Ma	
Name of New Registered Agent	· ·	
	(Florida street address)	
New Registered Office Address		Florida
The Megistered Office Madress.	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent: d agent. I am familiar with and accept the obligat	tions of the position
. негову иссерт те арропитет из registered	a agem. I am juminur with and accept the boligar	тогы од те рознион.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,	y 5.11111, 57 as an 7.111.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TO	Michael Internoscia	1019 Van Buren Steet Hollywood, Fr 33019
Add			Hollywood, Fr 33019
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

<u>If amendir</u> Attach <i>ada</i>	ng or adding additions litional sheets, if necess	Articles, enter ary). (Be specif	change(s) here: fic)			
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provision	ndment provides for a as for implementing th t applicable, indicate N	e amendment if r	assification, or contained in	ancellation of issu the amendment it	ed shares. self:	
						·
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		***	.			

The date of each amendment(s) adoption: 44.2015, if other than the date 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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Of July 15
Signature(By a piregior, president of other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Liliana Camacho
(Typed or printed name of person signing)
- PRESIDENT
(Title of person signing)