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(Requestor's Name)				
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TALLAHASSEE, FLORION

C. LEWIS NOV 1 0 2009 EXAMINER

, COVER LETTER

Division of Co	rporations					
SUBJECT:	Groo	msmen LLC				
	Name of Lim	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		Sweta Khemchandani				
		Name of Person				
	Groomsmen LLC					
	Firm/Company					
	9033 Tavolini Terrace					
	Address					
	Windermere, FL 34786					
	City/State and Zip Code					
	Sweta@cfl.rr.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of		,			
Swat	a Khamahandani	407	200 9626			
Sweta Khemchandani Name of Person		at (407) 298-8636 Area Code & Daytime Telephone Number				
P. 1 11	d. cn		<i>,</i>			
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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 NOV -9 PM -2: 59

	ROOMSMEN LLC		SETARY OF STATE		
(<u>Name of the Limited Li</u> (A Flo	BROOMSMEN LLC ability Company as it now appears orida Limited Liability Company)	s on our records.	AHASSEE, FLUMO		
The Articles of Organization for this Limited Liabs Florida document numberL050000142	lity Company were filed on		and assigned		
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability company here	2:			
Innovati	ve Marketing Solutions LLC	;			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	ADDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter f</u> l	ne name of the new		
Name of New Registered Agent:		<u> </u>	···		
New Registered Office Address:	_				
	Enter Florida street address				
<u>.</u>		, Florida			
	City		Zip Code		

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 608, F.S. Or, if this document is 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ___ Add Remove Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 5 2009 Dated_ Signature of a member or authorized representative of a member Sweta Khemchandani Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00