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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Integrity Marketing Services, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
E. Swith Schroeder
E. Scott Schroeder PA
11000 Prospérity Farms Rd # 202
Palm Beach Gardens, FL 33410 City/State and Zip Code
Scott Schroeder lawe amail. Com  E-mail address: (to be used for future annual report notification.)
For further information concerning this matter, please call:
E Switt Schroeder at (561) 493-8000  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

Integrity Marketing Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on LIOC	0001664 and assigned	
Florida document number 212 2010			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
an amending name, enter the new name of the immed name	mry company nere.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<b>6</b>	
(Principal office address MUST BE A STREET ADDRESS)		2 7 11	
(Trincipal office dudiess MOST BE A STREET ADDRESS)		122 1 522	
		mos em	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	-11	
	Enter r torida street	adaress	
	C'-	, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	

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

Title Name **Address Type of Action** Jonathan Elster 15132 Park of Commerce" ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change Remove

Change

Change

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Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change

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ffective date, if other an effective date is listed,	the date must be specific	and cannot be prior to	late of filing or more than 9	(optional) 0 days after filing.) Pursuant	to 605.0207
ocument's effective dat	d in this block does not the Department of	of State's records.	e statutory filing requires	ments, this date will not b	e listed as
1	a delayed effective r the record is file	e date, but not a ed.	n effective time, at	: 12:01 a.m. on the	earlier of
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Filing Fee: \$25.00