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S. HAWKES

AUG 3 - 2010

EXAMINER

COVER LETTER

.

TO:

TO:	Registration Sec Division of Corp			
SUBJE	ECT:	Integrated Ma	rket Solutions, L.L.	C.
			ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
			Name of Person	
		Firm/Company		
			Address	,
			City/State and Zip Code	
		E-mail address: (to be used for future annual repo	rt notification)
For fur	ther information co	ncerning this matter, please c	all:	
		ert L. Green	at (_954_)	552-7046 Daytime Telephone Number
	Name of	rerson	Area Code &	Daytime Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division of Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrate	ed Market Solutions, L.	.L.C	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	6/22/2010	and assigned
Florida document numberL100006638	 8		
		Ę.	
This amendment is submitted to amend the followi	ng:	•	をいる。
	-		No. 10
A. If amending name, enter the new name of the	e limited liability company her	<u>re</u> :	7 7
			بن
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "	LLC" Stat abbaviation
Enton now pulsainal offices addition 25 and links			
Enter new principal offices address, if applicable			-
(Principal office address MUST BE A STREET A	(DDRESS)	м	
			
Enter new mailing address, if applicable:		WE down	
(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 office		our records, enter	the name of the new
registered agent and/or the new registered office	aduress nere:		
No. (CN D. Co. L.			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	tress
_		, Florida	
·	City	• •	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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 **Title** Name 1 **Address Type of Action** MGMR Robert Green 5010 West Carmen Street Ste 2380 Tampa, Florida 33609 ✓ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7/30 2010 Dated_ Signature of a member or authorized representative of a member Robert L Green Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00