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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
(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:		

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J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2015

INVESTMENTS MARKETING CONSULTANTS, LLC ATTN: MARIA L ORTEGA 14850 SW 26TH ST., STE 112 MIAMI, FL 33185

SUBJECT: INVESTMENTS MARKETING CONSULTANTS, LLC

Ref. Number: L11000021156

We have received your document for INVESTMENTS MARKETING CONSULTANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 615A00009813

SECRETARY OF STATE

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	Investments	Marketing Consultants, LLC		
Sobale 1.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Maria L Ortega		
			Name of Person	
		Investments Marketing Co	nsultants, LLC	
			Firm/Company	
		14850 SW 26 Street, Suite	112	
			Address	
		Miami, Florida 33185		
			City/State and Zip Code	
		maria.ortega@411imc.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further in	formation cor	ncerning this matter, please ca	ill:	
Maria L Orte	ega		305 804-4085	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Investments Marketing Consultants,	LLC						
(<u>Name of the Limite</u> (d Liability Compar A Florida Limited L	y as it now appears on our records.) lability Company)					
The Articles of Organization for this Limited Liz Florida document number L11000021156	ability Company	were filed on February 26th, 2011	and a	ssigned	Ė		
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liabi	lity company here:					
Investment Mortgage Consultants, LLC							
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "	L.L.C."			
Enter new principal offices address, if applicable:		14850 SW 26 Street, Suite 112					
(Principal office address MUST BE A STREET		Miami, Florida 33185					
		2702 SW 140 Avenue					
Enter new mailing address, if applicable:		Miami, Florida 33175					
(Mailing address MAY BE A POST OFFICE E	<u>(OX)</u>	Triality Conductor					
B. If amending the registered agent and/oregistered agent and/or the new registered off			the name	<u>र्</u>	ne new		
Name of New Registered Agent:	Not applicable	· · · · · · · · · · · · · · · · · · ·		MAY 🕏	4 A		
New Registered Office Address:				7	(Separe		
		Enter Florida street address	Factorial Control	<u> </u>	111		
		, Florida	USE STATE	9.			
		City	vy Zip Code	20	_		

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 605, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add
			☐ Remove
			Change
			□ Add
			□ Remove
			
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00