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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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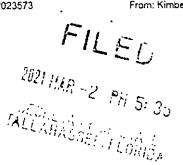
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K. SALY

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To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Intelligent	Management Solutions, LLC	THE CHILD
	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000237088	ty Company were filed on 11/17/2017	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
IMS Consulting and Expert Services, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
Instituting dutiless meat the AT GOT OFFICE BOX		
B. If amending the registered agent and/or r registered agent and/or the new registered office:		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Floric	
	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 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
					
			□ Remove		
			Change		
			O Add		
			□ Remove		
			Change Change		
			Add		
			Remove		
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			□ Add		
			Remove		
			Change		
			Add		
			□ Remove		

☐ Change

From: Kimberly Laughrey

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Bill Wein