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COVER LETTER

SUBJECT: INF	INITE MARKE Name of Lim	TING CONSULTA ited Liability Company	NTS, LLC
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:	
	Michael	Andrews Name of Person	
		Firm/Company	·····
	3870 N.	Andrews Avenu	e, Ste 800
	Dakland infiniten	Park, FL 33309 City/State and Zip Code Ktg Consultants to be used for future annual report notif	11c agmail com
For further information co	ncerning this matter, please ca		J
Marisa, Name of	Andrews	at (954_)330_0 Area Code Daytime	2054 Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

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

INFINITE MARKETING CONSULTANTS, LLC

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

(A Florida Limited Liability Company)

Florida document number <u>L 1800000 2640</u>	mpany were filed on <u>John of y 3,2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	
	E Z
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	÷
B. If amending the registered agent and/or registeredistered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, <u>enter the name of the new</u> ess here:
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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 Address **Type of Action** Name 3870 N. ANDREWS AVENUE SUITE 800 OAKLAND PARK, FL 33309 Michael Andrews MGR ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _____ 🗆 Add ____ Remove _□ Add □ Remove _____ Change □ Add

☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing recocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 66 quirements, this date will not be lis	95.020 ited a
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earl	ier o
ated		
(Alana)		

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Filing Fee: \$25.00