## 119000244751

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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			,
SUBJECT: Integrated N	Marketing, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	DeAnna Montemayor		
		Name of Person	
		1.0	
	Integrated Marketing, I	Firm/Company	<u> </u>
		,,,	
	1712 Pioneer Ave. S	uite 101	
		Address	
	Cheyenne, WY 82001	City/State and Zip Code	
	deanna@wyomingcompan	•	
	E-mail address: (to	be used for future annual repor	1 notification)
For further information cor	ncerning this matter, please ca	II:	
DeAnna Montemayor		at (307) 632-3	333
Name of 1	Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	following amount:		
<b>☑</b> \$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 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

Integrated Marketing, LLC						. 4 Bi
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears ( Liability Company)	on our records.)		L PH	
The Articles of Organization for this Limited L	iability Company	were filed on 9/27	/2019	and :	assigned	2,75
Florida document number <u>L19000244751</u>	<u>.                                    </u>				24	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>ē</u> ;			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	ignation "LLC" or th	ne abbreviation	"L.L.C."	
Enter new principal offices address, if applic	able:	270 Bewey Pla	ace			
(Principal office address MUST BE A STREET ADDRESS)		Tecneck, NJ 0	7666			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	270 Bewey Pla Tecneck, NJ C	<del> </del>			<del></del>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her	ffice address on e: Registered Age		ter the nan	ne of th	ie ne
<del></del>	7901 4th S	t N STE 300				
New Registered Office Address:	Enter Florida street address					
	St. Petersb	ourg	, Florida	33702		
		City		Zip Co	xle	
New Registered Agent's Signature, if changing	Registered Agent	E				
I hereby accept the appointment as register	ed agent and agr	ree to act in this co	apacity. I further	r agree to co am familiar	mply w with an	ith th d

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
MGR	Gerald Pitts	1712 Pioneer Av.	
		Suite 7000	☑ Remove
		Cheyenne, WY 82001	Change
MGR Michael Morrison	Michael Morrison	270 Bewey Place	<b></b>
		Tecneck, NJ 07666	Remove
			Change
		Add	
		□ Remove	
			Change
			Add
			□ Remove
			Change
			□ Add
			🗖 Remove
		Change	
			Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note	tive date, if other than the date of filing:
the re ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	July 2 2020
	Signature of a member or authorized representative of a member
	DeAnna Montemayor

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Filing Fee: \$25.00