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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954)369-4444
Fax Number : (954)369-4446

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASTER HOUSE CLEANING SERVICES LLC

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JUL 1 - 2003

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

MASTER HOUSE CLEANING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)	 ,
The Articles of Organization for this Limited Liability (Company were filed on 02/11/2020	and assigned
Florida document number L20000047876	<u></u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
\$IM MARKETING LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		700
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Fiorida street addre	55
		orida
	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

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
			□Add
			□Remove
			□ Change
			\Qadd
			□Remove
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Mective date, if other than an effective date is listed, the date interested in this ocument's effective date on the	s block does not:	meet the applica	able statutory filir	(opt nore than 90 days att ng requirements, th	tional) er filing.) Pursuant to his date will not be	605.0207 listed as
record specifies a delayed effe l is filed.	ctive date, but no	it an effective ti	me, at 12:01 a.m.	on the earlier of: ((b) The 90th day	after the
ated		2020				
ateu		,·	·			
	Signature of a	member or author	orized representative	of a member		-

Filing Fee: \$25.00