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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
	IVE3 MARKETING STRATE	GIES, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	STEVEN YARBOROUGH	1			
		Name of Person			
	INNOVATIVE MARKET	ING STRATEGIES, LLC			
		Firm/Company			
	35001 MEADOW REACH	I DR			
		Address			
	ZEPHYRHILLS FL 33542				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
		at ()	ne Telephone Number		
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co	rporations		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE3 MARKETING STRATEGIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/1/2022}{1}$ _____ and assigned Florida document number L22000507118 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INNOVATIVE MARKETING STRATEGIES, 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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.

City

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>	Name	Address	Type of Action
			
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ective	date, if other tha	n the date of filing	12/30/2022	(optional)	
effecti	ve date is listed, the da	te must be specific and	cannot be prior to date of	filing or more than 90 days	s after filing.) Pursuant to 605.0 s, this date will not be listed	0207 d. o.c
		the Department of St		nory ming requirement	s, this date will not be listed	u as
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Filing Fee: \$25.00