L23000204565

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		





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01/16/24--01018--004 ++25.00



COVER LETTER

TO: Registration Se Division of Cor			∌
Integral Ma	rketing Group 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	indence concerning this matter	to the following:	
	Edwin Perez Jr		
		Name of Person	
	Integral Marketing Group	LLC	
		Firm/Company	
	4530 Botanical Place Cir. I	307	
		Address	
	Naples FL 34112		
		City/State and Zip Code	
	eperez321@live.com	to be used for future annual report no	utication)
For further information c	oncerning this matter, please co		,
	one one of the original of the	954 7018093	
Edwin Perez Jr	í Person	at ()	me Telephone Number
Name o	r rerson	Area Code Dayin	me reiephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	=	The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integral Marketing Group 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 $\frac{04/25/2023}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Integral Product Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 100 S Ashley Dr. Enter new principal offices address, if applicable: Ste 600 (Principal office address MUST BE A STREET ADDRESS) Tampa FL 33602 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 City

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.

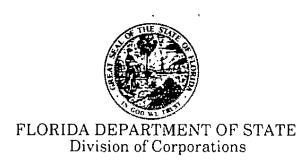
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rahul Joshi	100 S Ashley Dr. Ste 600 Tampa FL 33602	■Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			🗆 Add
			□Remove

Business address is being updated from 4530 Botanical Place Cir. Unit 207 Naples Ft. 34112 to 100 S. Ashley Dr Ste 600 Tampa Ft. 33602. Rahul Joshi is being added as managing partner.	Business address is being updated from 4530 Boranical Place Cir. Unit 207 Naples FL 34112 to 100 S Ashley De Sie 600 Tampa FE 33602. Rahul Joshi is being added as managing position. Rahul Joshi is being added as managing position. (optional) rive date, if other than the date of filling: (optional) (optional) rifective date is fixed, include must be specific and rannot be prior to date of filling or more than 90 days after filling) Pursuant to 605.022 If the date instruct in this block does not meet the applicable statutory filling requirements, this date will not be listed a ment's effective date on the Department of State's records.	Business name is being updated from Integral Marketing Services to Integral Product Services	-
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Filing Fee: \$25.00



February 3, 2024

EDWIN PEREZ JR. 4530 BOTANICAL PLACE CIR 307 NAPLES, FL 34112

SUBJECT: INTEGRAL MARKETING GROUP LLC

Ref. Number: L23000204565

We have received your document for INTEGRAL MARKETING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 024A00002385

Alecia Rivers Regulatory Specialist III