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COVER LETTER

TO: Registration Section

Division	n of Cor	porations					
	FORECLOSURE DEFENSE MARKETING GROUP LLC Name of Limited Liability Company						
SUBJECT:							
The enclosed Art	ticles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return all	соптевро	ndence concerning this matter	to the following:				
		PAMELA OLSON					
		Name of Person					
	FORECLOSURE DEFENSE MARKETING GROUP LLC						
		Firm/Company					
		537 N. UNIVERSITY DR.					
			Address				
		PLANTATION, FLORIDA	۸, 33324				
			City/State and Zip Code				
		pamelaolson777@gmail.com	n to be used for future annual report no	tification)			
For further infor	nation co	oncerning this matter, please ea	·	, meuron,			
PAMELA OLSO			954 7099997				
Name of Person			ne Telephone Number				
Enclosed is a che	ck for th	e following amount:					
■ \$25.00 Filing	y 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		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORECLOSURE DEFENSE MARKETING			
(Name of the Limited Liability (A Florida	ty Company as it now appears on of Limited Liability Company)	tr records.)	
(A Fiorida	company		5;
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{5/28/2026}{2}$	1	and assigned
Florida document number L24000244698	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
THE OLSON GROUP MARKETING SERVICES, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDR	(ESS)		
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 record	s, <u>enter the name</u>	of the new regi
igent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str	et address	
		, Florida	
 -	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 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
			bbA□
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JULY 2 2024 hber or authorized representative of a member PAMELA OLSON Typed or printed name of signee

Filing Fee: \$25.00