

47000238064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

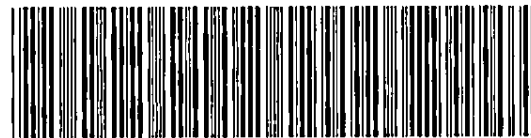
Special Instructions to Filing Officer:

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2017 DEC -4 AM 7:32

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17 DEC 22 PM 3:06
OFFICE OF THE STATE
CLERK, TALLAHASSEE, FLORIDA

S. WARREN
DEC 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2017

DAVID R ROSEN
3487 S FEDERAL HWY APT B
BOYNTON BEACH, FL 33435

SUBJECT: BELOVED ONE INFINITE LIGHT LLC
Ref. Number: L17000238064

2017 DEC 22 AM 11:23
MAIL AND STATE DIVISION

We have received your document for BELOVED ONE INFINITE LIGHT 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):

Please specify if you're removing Maria M Vergara as AMBR, and just making David R Rosen AMBR only.

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) 245-6051.

Dionne M Pijoux
Regulatory Specialist

Letter Number: 217A00024612

Please, add David R. Rosen as AMBR member.
Maria M. Vergara is ~~not~~ an AMBR already.
Thank you.

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

Beloved One Infinite Light 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 NOV 17, 2017 and assigned Florida document number L17000238064

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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** _____

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTE David R. Rosen is the agent and the AMBR for this LLC. Maria Vergara

Maria M. Vergara is the AMBR for this LLC

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)

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 November 27th 2017

[Signature]
Signature of a member or authorized representative of a member

Maria Mercedes Vergara
Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA