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FILED
TALLAHASSEE, FLORIDA

4S
11/5/20

# COVER LETTER

TO:    Registration Section
       Division of Corporations

SUBJECT: __Infinite Abundance Lifestyle LLC__
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__Helene Franklin__
Name of Person

__Infinite Abundance Lifestyle, LLC__
Firm/Company

__2631 NE 14th Ave Apt 405__
Address

__Wilton Manors, FL 33334__
City/State and Zip Code

__energizetoday @ mac. com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter. please call:

__Helene Franklin__                at ( __954__ ) __816 - 6477__
Name of Person                        Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee    ☐ $30.00 Filing Fee &       ☐ $55.00 Filing Fee &        ☐ $60.00 Filing Fee.
                          Certificate of Status         Certified Copy                Certificate of Status &
                                                        (additional copy is enclosed)  Certified Copy
                                                                                       (additional copy is enclosed)

**Mailing Address:**                        **Street Address:**
Registration Section                        Registration Section
Division of Corporations                    Division of Corporations
P.O. Box 6327                               The Centre of Tallahassee
Tallahassee. Fl. 32314                      2415 N. Monroe Street. Suite 810
                                            Tallahassee. FL 32303

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

_Infinite Abundance Lifestyle 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 ___2/16/2009___ and assigned

Florida document number ___L09 0000 15214___

This amendment is submitted to amend the following:

**A. If amending name, <u>enter the new name of the limited liability company here</u>:**

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:**

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

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

**MGR =  Manager**
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|---|---|---|
| MGRM | Greter R. Laurence | 2631 NE 14ᵗʰ Ave<br>Apt 406<br>Wilton Manors, FL 33334 | ☒Add<br>☐Remove<br>☐Change |
|  |  |  | ☐Add<br>☐Remove<br>☐Change<br>☐Add<br>☐Remove |
|  |  |  | ☐Change<br>☐Add<br>☐Remove |
|  |  |  | ☐Change<br>☐Add<br>☐Remove<br>☐Change |
|  |  |  | ☐Add<br>☐Remove<br>☐Change |

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

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_____

**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  _September 23. 2020_

_Helene Franklin_, MGRM

Signature of a member or authorized representative of a member

_Helene Franklin_

Typed or printed name of signee

Filing Fee: $25.00