

L09000026145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JAN 27 2010

EXAMINER



500164286045

01/19/10--01053--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 26 PM 12:17

107

W10-3122

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY PROTECTIVE SERVICE OF ORLANDO
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:

ADRIAN ELLIS
Name of Person

Firm/Company

P.O. BOX 5210
Address

WINTER PARK, FL 32793
City/State and Zip Code

INFINITY PROTECTION@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN ELLIS at (321) 217 6023
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

85-00000000000000000000

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 26 PM 12:17

INFINITY PROTECTIVE SERVICE OF ORLANDO

(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 3/17/09 and assigned
Florida document number 209000026145.

This amendment is submitted to amend the following:

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

INFINITY SECURITY SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

P.O. Box 5210

(Mailing address MAY BE A POST OFFICE BOX)

WINTER PARK, FL 32793

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:

JACKIE RAMOS

New Registered Office Address:

9265 NEWCOMER LN

Enter Florida street address

ORLANDO

City

Florida 32825

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 608, 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.

J. Ramos
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated JAN 27, 2010

[Signature]
Signature of a member or authorized representative of a member
JACKIE RAMOS
Typed or printed name of signee