

LD90000089344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

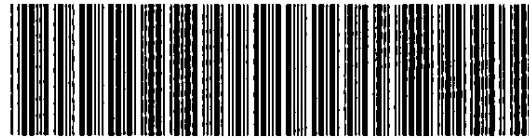
(Business Entity Name)

(Document Number)

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10 AUG -2 AM 10:00  
TAXY OF STATE  
MILWAUKEE, WISCONSIN

D. BRUCE

AUG 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2010

WILLIAM K. LOVELACE  
WILSON, FORD & LOVELACE, PA  
401 SOUTH LINCOLN AVENUE  
CLEARWATER, FL 33756

SUBJECT: INFINITE GROWTH SOLUTIONS, LLC  
Ref. Number: L09000029344

We have received your document for INFINITE GROWTH SOLUTIONS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 210A00017189

FILED  
10 AUG - 2 AM 10:03  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INFINITE GROWTH SOLUTIONS, 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:

WILLIAM K. LOVELACE

Name of Person

WILSON, FORD & LOVELACE, P.A.

Firm/Company

401 SOUTH LINCOLN AVENUE

Address

CLEARWATER, FLORIDA 33756

City/State and Zip Code

fpgomez@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM K. LOVELACE

Name of Person

at ( 727 )

446-1036

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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  
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

FILED  
10 AUG -2 AM 10:03  
TALLAHASSEE, FLORIDA

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

**INFINITE GROWTH SOLUTIONS, 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 03-25-09 and assigned  
Florida document number L09000029344.

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 end with 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)

**FILED**  
**10 AUG - 2 AM '09**  
**CLERK OF COURT**  
**STATE OF FLORIDA**

**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 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.*

**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>
MGRM	RANDALL A. EDWARDS	5567 SW 84TH PLACE OCALA, FL 34476	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JULIET M. GOMEZ	17134 TURNING OAKS BEND LUTZ, FL 33549	<input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
10 AUG - 2 AM 10:03  
JAN 10 10:03 AM  
JAN 10 10:03 AM

Dated JULY 20, 2010

Frank P. Gomez  
Signature of a member or authorized representative of a member  
FRANK P. GOMEZ  
Typed or printed name of signee