

L09000034707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

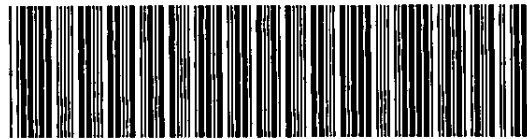
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 01-01-15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 17 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY WATER COMPANY, 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:

MARGARET COYLE

Name of Person

INFINITY WATER COMPANY, LLC

Firm/Company

132 NE TWYLITE TERRACE

Address

PORT ST. LUCIE, FL, 34983

City/State and Zip Code

infinitywatercompany@gmail.com

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

For further information concerning this matter, please call:

MARGARET COYLE

at 772

828-2255

Name of Person

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

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TALLAHASSEE, FLORIDA

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

INFINITY WATER COMPANY, 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 04/09/2009 and assigned
Florida document number ~~10900034707~~

This amendment is submitted to amend the following:
10900034707

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)

132 NE TWYLITE TERRACE

PORT ST LUCIE, FL

34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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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:

DENNIS COYLE

New Registered Office Address:

132 NE TWYLITE TERRACE

Enter Florida street address

PORT ST LUCIE

City

Florida 34983

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.

Dennis Coyle

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN LASKOSKY	148 NE TWYLITE TERRACE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34983	
MGR	SUZANNE LASKOSKY	148 NE TWYLITE TERRACE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34983	
MGR	MARGARET COYLE	132 NE TWYLITE TERRACE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL	<input type="checkbox"/> Remove
		34983	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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: JANUARY 1, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 10, 2014.



Signature of a member or authorized representative of a member

BRIAN LASKOSKY

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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