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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **INFINITE RENOVATIONS 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:

**Christopher J. Kalina**

Name of Person

**Infinite Renovations LLC**

Firm/Company

**13114 Cardeto Court**

Address

**Estero, FL 33928**

City/State and Zip Code

**ckalina@infiniterenovations.com**

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

For further information concerning this matter, please call:

**Christopher J. Kalina**

Name of Person

at **(239) 961-2450**

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

INFINITE RENOVATIONS LLC.

Page 1 of 3

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>
MGRM	Oedy, Matthew J.	5308 Beauty Street	<input type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Remove
AMBR	Kalina, Laura J.	13114 Cardeto Ct.	<input checked="" type="checkbox"/> Add
		Estero, FL 33928	<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

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

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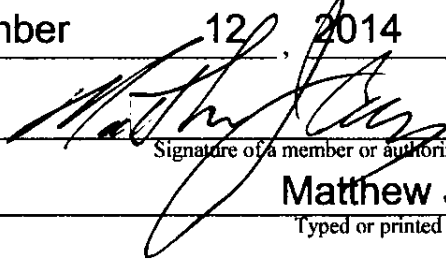
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 September 12, 2014



Signature of a member or authorized representative of a member

**Matthew J. Oedy**

Typed or printed name of signee

**Page 3 of 3**

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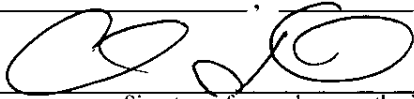
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Dated September 12, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Christopher J. Kalina**

\_\_\_\_\_  
Typed or printed name of signee

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**Filing Fee: \$25.00**

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