

L13000087724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

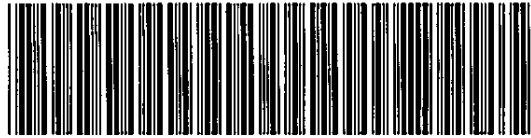
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 Oct 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinite Wisdom Conference 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:

Rolando E. Leiva, CPA
Name of Person

Rolando E. Leiva CPA, PA
Firm/Company

7400 SW 50 Terrace, Suite 302
Address

Miami FL 33155
City/State and Zip Code

rolando@leiva.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Kosenin at (646) 281-2888
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2014

ROLANDO E. LEIVA, CPA PA
7400 SW 50TH TERRACE STE 302
MIAMI, FL 33155

SUBJECT: INFINITE WISDOM CONFERENCE LLC
Ref. Number: L13000087724

We have received your document for INFINITE WISDOM CONFERENCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of document, proper forms are enclosed.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 214A00014364

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Infinite Wisdom Conference 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 June 18 2013 and assigned
Florida document number L13000087724.

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)

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:

Sandra Kosanin
301 Michigan Ave Apt. 302
Enter Florida street address
Miami Beach Florida 33139
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.

Kosoun Payalwa
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

Title	Name	Address	Type of Action
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AMBR	Udo Landow	1300 Lincoln Rd. Apt 704	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove

AMBR	Sandra Kosanin	301 Michigan Ave Apt 302	<input type="checkbox"/> Add
		Miami Beach, FL 33137	<input checked="" type="checkbox"/> Remove

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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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: _____ (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)

x Dated July 14th, 2014
x [Signature]
Signature of a member or authorized representative of a member
Sandra Kosarin
Typed or printed name of signee

FILED
14 OCT 21 PM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA