

L14000 017976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

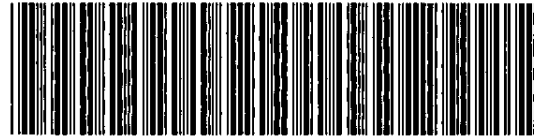
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256753597

02/18/14--01044--027 **25.00

14 FEB 18 PM 4:27
SOUTHERN DISTRICT
TALLAHASSEE, FL 32304

J. Givens FEB 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA INFINITY, 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:

Frederic Barthe

Name of Person

Firm/Company

17 SE 24th Ave.

Address

Pompano Beach, FL 33062

City/State and Zip Code

fbarthelaw@gmail.com

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

For further information concerning this matter, please call:

Frederic Barthe

Name of Person

at

954 784-2800

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

FLORIDA INFINITY, 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	David Feldgager	1750 N. Bayshore Dr Apt 4910	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
MGRM	David Feldgager	1750 N. Bayshore Dr Apt 4910	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<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

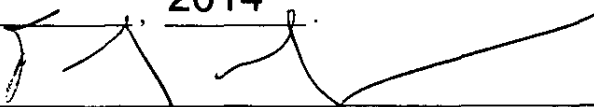
14 FEB 19 PM 1:28
S.E. FELDGAJER
MGR
1750 N. BAYSHORE DR
APT 4910
MIAMI, FL 33132

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)

Dated **February 17**, **2014**



Signature of a member or authorized representative of a member

Frederic M. Barthe, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 18 PM 1:28
TALLAHASSEE, FLORIDA