

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150000730973)))



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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: RC TAX SERVICE LLC

Account Number : I20140000083

Phone Fax Number : (407)932-0040 : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY C & S CONSULTING LLC

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration S Division of Co			
etin i	por.	INFINITY O	C&S CONSULTING LLC	
SUBJ:	CC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Pleasc	ratum all correspo	ondence concerning this matter	to the following:	
			SANDRA OCAMPO	
			Name of Person	
		INFINITY	C&S CONSULTING LLC	
			Firm/Company	
			3128 LORRY LN	
			Address	
		OF	RLANDO, FL 32822	
			City/State and Zip Code	
			a.ocampo@hotmail.com	
•		E-mail address: (to be used for future annual report notific	eation)
For fur	ther information o	oncerning this matter, please ca	all:	
	SANDRA	DCAMPO	321 947-2935	
	Name o	f Person	Area Code Daytime	Telephone Number
Bnclos	ed is a check for th	ne following amount:		
\$2.5	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 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
Tallahassco, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY C&S CONSULTIN	·
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	nw appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L15000024948	ed on 02/06/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liability Comp	ony "the designation "I.C" or the abbreviation "T.C."
	A us assignment and or ma unoracidated Charac
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SZ N
	र्वे स्थापन
	77 75 6
	[-ε, · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	RA E C
(Mailing address MAY BE A POST OFFICE BOX)	57 5A
-	
B. If amending the registered agent and/or registered office add	leass on our records enter the name of the na
registered agent and/or the new registered office address here:	ness on our records, enter the name of the ne
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 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.

If Changing Registered Agent, Signature of New Registered Agent

☐ Remove

MGR = Manager

AMBR = Authorized Member

To:8506176383

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:

Title Type of Action Name | <u>Address</u> **MGRM** CARLOS A. DIAZ 3128 LORRY LN _□ Add ORLANDO, FL 32822 Remove □ Add □ Remove _□ Remove .□ Add Remove

. If amending any other information, enter change(s) h	ere: (Attach addition	nal sheets, if necessary.)
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		-
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	or filed date and cannot be	(optional) more than 90 days after
Dated MARCH 23 2015	utionized representative of	of a member
SANDRA O	//	
Typed or pr	inted name of signee	

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Filing Fee: \$25.00