

L15000197883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

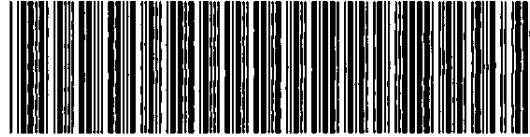
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign w/15-79788

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12/08/15--01014--004 **25.00

FILED
2015 DEC 31 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN -5



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2015

INFRARED LLC
HANSEL DURAN PINEDA
5400 NE 2ND AVE.
FORT LAUDERDALE, FL 33334

SUBJECT: INFRARED LLC
Ref. Number: L15000197883

We have received your document for INFRARED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00025897

RECEIVED
DEC 31 PM 4:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFRARED 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:

HANSEL DURAN PINEDA

Name of Person

INFRARED LLC

Firm/Company

5400 NE 2ND AVE

Address

FORT LAUDERDALE, FLORIDA 33334

City/State and Zip Code

HDURAN4492@GMAIL.COM

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

For further information concerning this matter, please call:

HANSEL DURAN

954 380-0117

at ()

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

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

INFRARED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 DEC 31 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 23, 2015 and assigned
Florida document number L15000197883.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INFRARED INVESTMENTS LLC

The new name must be distinguishable and contain 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: HANSEL DURAN

New Registered Office Address:

Enter Florida street address

City

, Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
CEO	HANSEL DURAN	5400 NE 2ND AVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input type="checkbox"/> Remove
		33334	<input type="checkbox"/> Change
P	HANSEL DURAN PINEDA	5400 NE 2ND AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Remove
		33334	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 DEC 31 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

2015 DEC 30
STATEMENT OF FINANCIAL POSITION
FLORIDA STATE UNIVERSITY

2019 DEC 3
ST. JAMES
FALMOUTH

PT 1:00

7700

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

12/17/15

Signature of a member or authorized representative of a member

HANSEL DURAN

Typed or printed name of signee