

L17000045094

M.I.B. Lawncare
P. O Box 100546
Palm Bay, FL 32910

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAY 22 AM 11:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J&I 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:

Idalis Gonzalez
Name of Person

M.I.B. Lawn care and Landscaping
Firm/Company

P.O. Box 100546
Address

Palm bay FL 32910
City/State and Zip Code

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

For further information concerning this matter, please call:

Idalis Gonzalez at (407) 600-7676
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

2017 MAY 22 PM 4:17

TELETYPE UNIT

DS

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

J&I Infinity 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 3-3-17 and assigned
Florida document number L17000045094.

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 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)

4565 Lake Waterford Way #1
Melbourne, FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 100546
Palm Bay, FL 32901

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:

Juan Pablo Gomez Jimenez

New Registered Office Address:

4565 Lake Waterford Way #1

Enter Florida street address

Melbourne

City

Florida

32901

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>
<u>P</u>	<u>Juan Pablo Gomez Jimenez</u>	<u>4565 Lake Waterford Way #1</u> <u>Melbourne, FL 32901</u>	☒ Add
			☐ Remove
			☐ Change
<u>MGR</u>	<u>Idalis Gonzalez</u>	<u>4565 Lake Waterford Way #1</u> <u>Melbourne FL 32901</u>	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

We are changing Title around - Juan as (P)
and Idalis as "MGR."

Thank you for your help.

17 MAY 22 AM 11:43

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 18, 2017.

Juan Pablo Gomez Siverre
Signature of a member or authorized representative of a member

Registered Agent
Typed or printed name of signee