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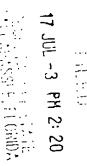
| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Submess Emily Hame) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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S. WARREN
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COVER LETTER

| Division of Cor | | | | | |
|--|--|---|--|--|--|
| SUBJECT: Infint | y Planning, | LLC | | | |
| SODSTA. 1. | Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Statement | of Correction and fee(s) a | re submitted for filing. | | | |
| Please return all correspo | ondence concerning this n | natter to the following: | | | |
| Albert L. Ke | elley | | | | |
| | Name of Person | ·, | | | |
| Albert L. Ke | elley, P.A. | | | | |
| | Firm/Company | | | | |
| 926 Truma | n Ave | | | | |
| | Address | | | | |
| Key West, | FL 33040 | | | | |
| | ity/State and Zip Code | | | | |
| keywestlav | v@gmail.cor | n | | | |
| E-mail address: (to | be used for future annual | report notification) | | | |
| | | | | | |
| | concerning this matter, ple | | | | |
| Albert Kelle | ey | = at (305) 2 | 2960160 | | |
| Name o | of Person | Area Code | Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25 Filing Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | S60 Filing Fee. Certificate of Status & Certified Copy | | |

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: Infinity Planning, LLC L17000101894 The Florida Document number of the limited liability company is: SECOND: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The principal and mailing address is listed as: 2927 Ave. The filing dropped the street name. The corrected principal and mailing address is :2927 Harris Ave. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Albert L. Kelley Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)