

L17000186641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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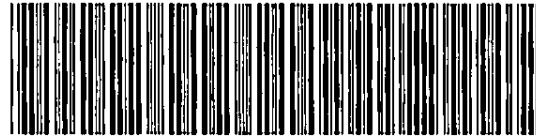
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infinite Support Services 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:

Deporshia Blackmon

Name of Person

Infinite Support Services LLC

Firm/Company

129 Groveridge Circle # 104

Address

Leesburg FL 34748

City/State and Zip Code

info@infinitesupportservices.com

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

For further information concerning this matter, please call:

Deporshia Blackmon

352 346-0831
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**

Infinite Support Services 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 08/31/2017 and assigned
Florida document number L17000186641.

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:

129 Groveridge Circle #104 Leesburg FL 34748

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

129 Groveridge Circle #104 Leesburg FL 34748

(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:

Deporshia Blackmon

New Registered Office Address:

129 Groveridge Circle #104

Enter Florida street address

Leesburg

City

Florida

34748

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>
MGR	Aliesha Johnson	601 Kensington St Eustis fl 32726	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Chaswon Blackmon	802 Liberty St Eustis FL 32726	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Chaswon Blackmon	129 Groveridge Circle #104	<input checked="" type="checkbox"/> Add
		Leesburg FL 34748	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Deporshia Blackmon	802 Liberty St Eustis 32726	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Deporshia Blackmon	129 Groveridge Circle #104	<input checked="" type="checkbox"/> Add
		Leesburg FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Deporshia Blackmon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

Dated 12/13 _____, 2017

Dyann Blackman
Signature of a member or authorized representative of a member

Typed or printed name of signee