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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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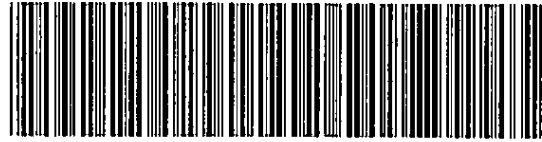
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 6:17

Amend

MAY 10 2019

D CUSHING

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

2201 S. Bay St Suite A5
Address

Gustis, FL 32726
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 at 352 346-0831
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

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DIVISION OF CORPORATIONS
19 APR 29 PM 6:47

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 6:47

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 47000186641.

This amendment is submitted to amend the following:

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

N/A

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)

2205 S. Bay St
Suite A5
Eustis, FL 32726

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2201 S. Bay St
Suite A5
Eustis, FL 32726

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

2201 S. Bay St Suite A5
Enter Florida street address
Eustis, Florida 32726
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.

N/A

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>
AMBR	Blackmon, Chablon	2201 S. Bay St	<input type="checkbox"/> Add
		Suite A5	<input type="checkbox"/> Remove
		EUSTIS, FL 32726	<input checked="" type="checkbox"/> Change
AMBR	Blackmon, Depashia	2201 S. Bay St	<input type="checkbox"/> Add
		Suite A5	<input type="checkbox"/> Remove
		EUSTIS, FL 32726	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)(1)

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

Depositor [Signature]
Signature of a member or authorized representative of a member

De porshia Blackmon
Typed or printed name of signer