

L17000187487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

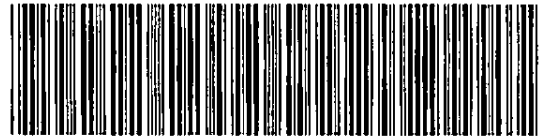
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 SEP 23 AM 8:49

OCT 0 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** infinity protection system, 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:

Adrian Ellis

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

P. O. BOX 5210

\_\_\_\_\_  
Address

WINTER PARK

\_\_\_\_\_  
City/State and Zip Code

FL 32793

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

For further information concerning this matter, please call:

ADRIAN ELLIS

321

217-6823

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

17 SEP 29 AM 8:49

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

INFINITY PROTECITON SYSTEM, 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 SEPT 1, 2017 and assigned  
Florida document number L17000187487.

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)**

ADRIAN ELLIS

121 SOUTH ORANGE AVE #1500

ORLANDO, FL 32801

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 5210

WINTER PARK, FL 32793

**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:

ADRIAN ELLIS

New Registered Office Address:

121 SOUTH ORANGE AVE, #1500

*Enter Florida street address*

ORLANDO,

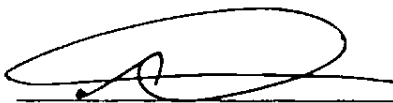
Florida 32801

*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.*



**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	ADRIAN ELLIS	P O BOX 5210, WINTER PARK, I	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIAN ELLIS	P O BOX 5210, WINTR PARK, FI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAMMI MORRISON	350 ROBERTS FAMILY LN, WIN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMMI MORRISON	350 ROBERTS FAMILY LN, WIN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 SEP 2011 8:45 AM  
 1807-1000  
 1807-1000

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

*[This section contains horizontal lines for amendments, which have been crossed out with a large diagonal line.]*

17 SEP 28 AM 8:40  
STATE OF MISSISSIPPI  
RECORDS SECTION

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 Sept 27, 2017

Tammi Morrison

Signature of a member or authorized representative of a member

TAMMI MORRISON

Typed or printed name of signee