<u>17002</u>	380Cal
(Requestor's Name) (Address) (Address)	300306234893
(City/State/Zip/Phone #)	12/05/1701063026 ++25.00
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2017

DAVID R ROSEN 3487 S FEDERAL HWY APT B BOYNTON BEACH, FL 33435

SUBJECT: BELOVED ONE INFINITE LIGHT LLC Ref. Number: L17000238064

We have received your document for BELOVED ONE INFINITE LIGHT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify if you're removing Maria M Vergara as AMBR, and just making David R Rosen AMBR only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 217A00024612

ALLANES III

2017 536 22

AM 14 : 23

Please, add David R. Rosen as AMBR member. Maria M. Vergara is **2005** an AMBR already. Thauk you.

www.sunbiz.org

Division of Corporations PO ROV 6327 Tallahasson Florida 32214

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	Γ
Beloved One Infinite (Name of the Limited Liability Compar (A Florida Limited L	Licive LLC (v as it now appears on our records.) rability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>NOV $(7, 200)$ and assigned</u>
Florida document number <u>L17000 237.064</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
New David and Area do Cimentary 1911 and a David and Area	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and sovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24
If Chang	ing Registered Agent, Signature of New Registered Agent
Page i	of 3

,

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

. .

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	David R. Resen	3437 S Fecleral Huy Apr P	> 🗘 Add
		Boynton Beach FL 33+35	
			COLOR CONTROL
AMBR_	Maria M. Vergara	3487 S. Federal Hwy Ap	By Add
		3487 S. Faleral Hwy Ap Boynton Beach, FL3343	DE Remove PAGIES
			Change
			🖸 Add
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			_ Change
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			_ Change
			Add
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			Remove
			_ Change

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•	• • • •		•	

TE -	David R. Rossin is the agent and the ANBR for			
	-Ibis ILC. Mana Vergara			
	Maria M. Vergara is the AMBR for this LLC			
E. Effe	ctive date, if other than the date of filing:			
Note	Ef If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.			

n	If amending any other information.	enter change(s) here:	(Attach additional sheets)	Inecessary)
υ.	If amending any other information.	enter change(s) here:	лемнасн иайнюний месіх, і	риссозон с

Dated November 2017 2017	17 DI
i cureific	FIL EC 22
Maria Mercedes Vergara	PH 3
Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00