

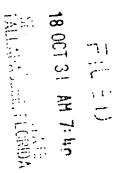
(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600320129106

10/31/18--01013--014 \*\*25.00



K SALY NOV 15 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: INFINITE Adventures  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:
Awber Tatro Name of Person
Infinite Adventures Firm/Company
8898 5loth Way N
Pinellas Park FL 3:3782 City/State and Zip Code
E-mail address: (to be asset for future annual report notification)
or further information concerning this matter, please call:
Amber Totvo at (727) U23-3493  Name of Person Area Code Daytime Telephone Number
closed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy\$ (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Lia	ability Company were filed on 10 18 18 and assigned
Florida document number <u>L   80003453</u> 6	<u>07</u> .
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	TADDRESS)
nter new mailing address, if applicable:	
<b>Lailing address MAY BE A POST OFFICE E</b>	<u> </u>
If amending the registered agent and/o istered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the new fice address here</u> :
Name of New Registered Agent:	.Amiber Tatro
New Registered Office Address:	AMBER TOLYO  8898 56th Way N  Enter Florida street address
	Diversa Park, Florida 33782  City Zip Code

## Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my 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 Type of Action Address Title Name 8898 56t Way N DAdd AMBR Amber Tatro Pinellas Park FL 33782 - Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change

		·	·			
				-		
				<del> </del>		<del></del> .
<del></del>		<del></del> ,				
		<u>.</u>	<del></del>	<del></del>		
			<del> </del>			<del></del>
		_ <u>_</u>				
						<del></del>
				· · · · · · · · · · · · · · · · · · ·		6
		<del></del>			<u> </u>	<u> </u>
<del></del>				<del></del>		
					: - : : - : :	7:5
_					į	37
	<del>-</del>					
		<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	<del></del>
			<del></del>			
	<del></del>					
If an effective date is list Note: If the date inse	her than the date of filed, the date must be specificed the date in this block does not date on the Department of	and cannot be prior of meet the applica	to date of filing or more able statutory filing r	(option than 90 days after fiequirements, this c	ling.) Pursuan	t to 605.0207 be listed as
he record specifie The 90th day af	s a delayed effective ter the record is file	e date, but not ed.	an effective tim	e, at 12:01 a.i	m. on the	earlier of
Dated <u>OCtok</u>	per 25	,				
	Signature of	f a member or autho	MCO rized representative of	a member		
	_	Der To				

Page 3 of 3

Filing Fee: \$25.00