119000116211

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/31/19--01014--018 **25.00

19 MAY 31 PH 1: 4 SECRETARY SEET LORID

JUN 1 8 2019 S. YOUNG

COVER LETTER

SUBJECT:	Infinity Sig	ns LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jessalynn Pegritz		
		Infinity Signs LLC	Name of Person	
		3309 Jerry Smith Rd.	Firm/Company	<u> </u>
		Dover, FL 33527	Address	
		infinitysigns19@outook.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
		oncerning this matter, please ca	all:	
Jessalynn Pe	egritz		813 731-3610 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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

TO:

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

ited Liability Compa (A Florida Limited I	iny as it now appears on our r Liability Company)	ecords.)
_iability Company	were filed on 4-29-19	and assigned
·		
lowing:		
of the limited liab	ility company here:	
words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
cable:	3009 Jerry Smith Rd.	c5
	Dover, FL 33527	100 = 4
	3009 Jerry Smith Rd.	ED PA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9.: :
office address her	<u>e</u> :	cords, enter the name of the
2000 1 0 1	.1. 15.1	
3009 Jerry Smil		address
Dover	With the second second	_, Florida ³³⁵²⁷
		Florida 33327
	Liability Company lowing: of the limited liabile words "Limited Liabile cable: ET ADDRESS) l/or registered of office address her Jessalynn Pegri	lowing: of the limited liability company here: words "Limited Liability Company." the designation cable: 3009 Jerry Smith Rd. Dover, FL 33527 Joyer, FL 33527 Joyer, FL 33527 Jessalynn Pegritz Jessalynn Pegritz 3009 Jerry Smith Rd. Enter Florida street of Ent

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.

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessalynn Pegritz	3009 Jerry Smith Rd. Dover, FL 33527	
			Remove
			LI Remove
			Change
			Remove
			☐ Change
		.	Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			C Remove
			Change
			□ Remove
		 	Change
			□ Add
		<u> </u>	☐ Remove
			Change

(f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan ef <u>Note:</u>	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated	5-29-19
	Signature of a mymber of authorized representative of a member
	Jessalynn Pegritz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00