49000119979

	(Requestor's Name)
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	(Business Entity Name)
<u> </u>	(Document Number)
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COVER LETTER

Registration Section

10:

Division of Co	rporations					
CUB IFCT	TheInfo	soft LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Sonia Becerra				
		Name of Person				
	_	Swyft Filings, LLC				
		Firm/Company				
	12	12605 East Freeway, Suite 540				
		Address				
		Houston, Texas 77015				
		City/State and Zip Code				
		filings@swyftfilings.com				
	E-mail address: (to be used for future annual report i	notification)			
For further information	concerning this matter, please or	all:				
Sonia Becerra		at (877) 777-	-0450			
Name	of Person	Area Code Day	time 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		STREET/COU Registration Se Division of Cor Clifton Buildin	porations			
Tallahassee, FL 32314		2661 Executive	· Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

TheInfosoft LLC

meimoso	III EEO		
(Name of the Umited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000119979	were filed on	05/02/2019	ınd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2182 Kings Cross		
	TITUSVILLE, FL 32	796	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2182 Kings Cross		
	TITUSVILLE, FL 32	796	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:			name of the ne
	, Florida		
	Cuy	Z	p Code
New Registered Agent's Signature, if changing Registered Agent:	i.		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am famil r 605, F.S. Or, if the	iar with and is document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Chạnge
			75 C
			SA # □ Egmove - □
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			☐ Remove
			Change

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

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Filing Fee: \$25.00