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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

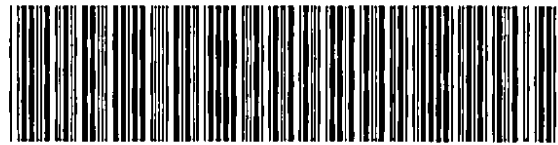
(Business Entity Name)

(Document Number)

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07/02/2019-010114-020 \*301111

2020 JUL -2 PM 6:35

FILED

AUG 14 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infants and Beyond  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenette Redder  
Name of Person  
Infants and Beyond  
Firm Company  
5247 Whipperwill Drive  
Address  
Holiday FL 34690  
City/State and Zip Code  
JRedder59@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenette Redder at (813) 445-6828  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Infants and Beyond

(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 7-11-2019 and assigned  
Florida document number L19000179028

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

Jenette Redder  
5247 Whippoorwill DR  
Holiday FL 34690

**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:

Jenette Redder

New Registered Office Address:

5247 Whippoorwill DR.

Enter Florida street address

Holiday  
City

Florida

34690  
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.*

Jenette Redder

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	Jenette Redder	5247 Whipcorwie Dr.	<input checked="" type="checkbox"/> Add
		Holiday fl. 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Nancy Heger Heger	1008 Orca Ct.	<input type="checkbox"/> Add
		Holiday fl 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Paige Heger Heger	7824 Rusty Oak Dr.	<input type="checkbox"/> Add
		New Port Richcy 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jenette Redder	5247 Whipcorwie Dr.	<input checked="" type="checkbox"/> Add
		Holiday fl 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 July 30, 2020

Janette Redder  
Signature of a member or authorized representative of a member

Janette Redder  
Typed or printed name of signee

**Filing Fee: \$25.00**