

L20 000278136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

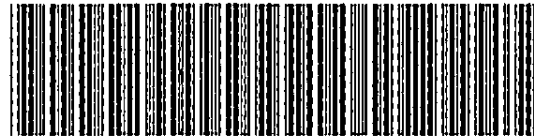
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 29 PM 10:23
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COVER LETTER

**Registration Section
Division of Corporations**

ECT: INFINITE ANGELS WITH CARE, LLC
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

e return all correspondence concerning this matter to the following:

NORA E. IHUNWO
Name of Person
INFINITE ANGELS WITH CARE
Firm/Company
P.O. BOX 618683
Address
ORLANDO, FLORIDA 32861
City/State and Zip Code
InfiniteAngelsWithCare@outlook.com
E-mail address: (to be used for future annual report notification)

r further information concerning this matter, please call:

NORA E. IHUNWO at (407) 860-9034
Name of Person Area Code Daytime Telephone Number

nclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

INFINITE ANGELS WITH CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 8, 2020 and assigned a document number L20000278136.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Any new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Any new principal offices address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS)

Any new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

, Florida

City

N/A

Zip Code

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 understand 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Manager
= **Authorized Member**

Manager
= **Authorized Member**

[illegible]

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

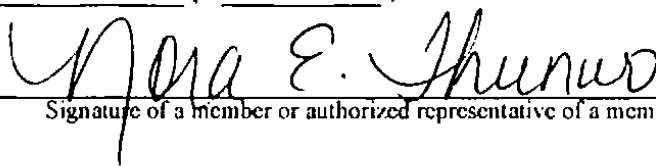
N/A

Effective date, if other than the date of filing: NOVEMBER 1, 2020 (optional)

If the 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
member's effective date on the Department of State's records.

If the filing 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
filing is filed.

JANUARY 25 2021



Signature of a member or authorized representative of a member

NORA E. IHUNWO

Typed or printed name of signee

Filing Fee: \$25.00