

1210000033402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

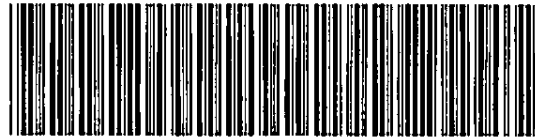
(Document Number)

Certified Copies _____ Certificates of Status _____

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Email from S. Roberts w/
missing pg. Q. SILAS
5/2/22

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FILED
2022 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Rec.
by Email
5/2/22

April 24, 2022

LISA M. HUBER
8161 ST. RD 52
HUDSON, FL 34667

SUBJECT: DRESS & PLAY FOR INFINITY & BEYOND LLC
Ref. Number: L21000033402

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 2 is missing. All pages must be submitted in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 222A00009542

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dress + Play for Infinity + Beyond LLC
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:

Lisa M. Hudson
Name of Person

Infinity + Beyond LLC
Firm/Company

8161 S.A. Rd 52
Address

Hudson FL 34667
City/State and Zip Code

lia@dpinfinityandbeyond.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa M. Hudson at (727) 808-4405
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

FILED

Dress and Play for Infinitely ⁸2022 MAY -2 PM 4:10 C
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
1. TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3-4-2022 and assigned
Florida document number L21000033402

This amendment is submitted to amend the following:

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

Infinity & Beyond Treasures LLC
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)

8161 State Rd 52
Hudson FL 34667

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8161 State Rd 52
Hudson FL 34667

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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.

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>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
		<u>N/A</u>	<input type="checkbox"/> Remove
		<u>N/A</u>	<input type="checkbox"/> Change
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
		<u>N/A</u>	<input type="checkbox"/> Remove
		<u>N/A</u>	<input type="checkbox"/> Change
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
		<u>N/A</u>	<input type="checkbox"/> Remove
		<u>N/A</u>	<input type="checkbox"/> Change
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
		<u>N/A</u>	<input type="checkbox"/> Remove
		<u>N/A</u>	<input type="checkbox"/> Change
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
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		<u>N/A</u>	<input type="checkbox"/> Change
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
		<u>N/A</u>	<input type="checkbox"/> Remove
		<u>N/A</u>	<input type="checkbox"/> Change

