L2100044293

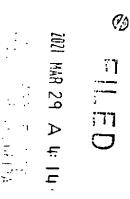
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COVER LETTER

TO: Registration Division of C		•
Infinite B	ag LLC	· ·
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Romeo Joseph	
		Name of Person
	N/A	
		Firm/Company
12472 Lake Underhill Rd		
		Address
	Orlando, Fl. 32828	
	infinitebag@yahoo.com	City/State and Zip Code
		(to be used for future annual report notification)
For further information	concerning this matter, please of	all:
Romeo Joseph		321 318-7733 at ()
Name	e 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	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

(Name of the Limited Liability Company	y as it now annears on our records)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L2100044293	were filed on January 20, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	,	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ie of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address Florida	Wip Code 7
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:	7 20
l hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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>	Address	Type of Action
AMBR	Mikel-Ann Williams	5570 NW 44th St. Apt A217 Lauderhill, Fl. 33319	\BAdd
			□Remove
			□Change
			□ Add
			Change
			□ Add
			□Remove
			Change
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			□Remove

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ote: If the date	insted, the date must be specific inserted in this block does n	and cannot be prior to date of fili- ot meet the applicable statutor	ng or more than 90 days aft ry filing requirements, tl	ter filing:) Purs æ nt t his date will not be	o 605.0207 e lištē c i as
cument's effect	ive date on the Department	of State's records.			
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
is filed.					
	3/10/11.0				
ated	3/15/Mach 15), 2021.			
	MA	Ш -			
	Signature o	of a member or authorized represe	ntative of a member		_
	_		T W BOOMBEN/ME		
	Mikel-Ar	1, 11			