

121 000324559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

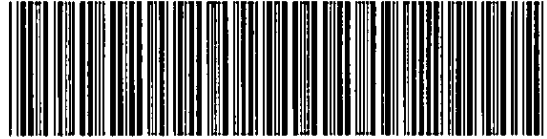
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2022 MAY 13 PM 4:32  
CLERK OF COURT  
TALLAHASSEE, FL

cf 5/18/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAMBERT & MURRAY LOGISTICS L.L.C.

\_\_\_\_\_  
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:

DAMIAN M LAMBERT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11314 LIN ARBOR PLACE

\_\_\_\_\_  
Address

TEMPLE TERRACE, FL 33617

\_\_\_\_\_  
City/State and Zip Code

DLAMBERT727@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN LAMBERT

813 813-729-1370  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 MAY 13 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FL

April 23, 2022

DAMIAN M LAMBERT  
11314 LIN ARBOR PLACE  
TEMPLE TERRACE, FL 33617

SUBJECT: LAMBERT & MURRAY LOGISTICS L.L.C  
Ref. Number: L21000324559

We have received your document for LAMBERT & MURRAY LOGISTICS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P1600052292.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00009512

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

**FILED**

2022 MAY 13 PM 4:32

LAMBERT & MURRAY LOGISTICS L.L.C.

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

SEC. \_\_\_\_\_ STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/16/2021 and assigned  
Florida document number L21000324559.

This amendment is submitted to amend the following:

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

~~INFINITE LOGISTICS L.L.C.~~ INFINITE LOGISTICS SOLUTIONS, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>
<del>AMBR</del> MGR VP	TAMMY SCRIBNER (ADD)	3 BELLE MEADE CIR	<input checked="" type="checkbox"/> Add
		LARGO, FL 33770	<input type="checkbox"/> Remove
		11504 Carrollwood Dr	<input type="checkbox"/> Change
VP	Chase T murray (Remove)	Carrollwood, FL 33617	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**