

L210000328221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

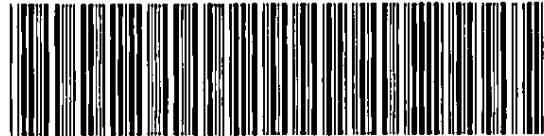
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600369722916

07/30/21--01004--007 **25.00

RECEIVED

2021 JUL 30 PM 1:07

TALLAHASSEE, FL 32301

Amend

AUG 1 2021

AUG 9:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2021

STEALTH COURIER/TALLAHASSEE

SUBJECT: THE INFANTE ORGANIZATION, LLC
Ref. Number: L21000328221

We have received your document for THE INFANTE ORGANIZATION, LLC 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 manager/member being added name is incomplete.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 721A00018082

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Infante Organization, 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:

Luis M Poyato
Name of Person
USA Gestiones, LLC
Firm/Company
990 Biscayne Blvd. Ste. 501-16
Address
Miami, FL 33132
City/State and Zip Code
empresas@usagestion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis M Poyato at ()
Name of Person Area Code Daytime Telephone Number

305 965-6948

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**

The Infante Organization, LLC

(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 07/19/2021 and assigned
Florida document number L21000328221.

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) _____

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

This is a scan of a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. A small dark speck is visible near the top center of the page.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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

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 29th 2021

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Kevin Coyote

Typed or printed name of signee

Filing Fee: \$25.00