

K21000339012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/13/21--01012--002 \*\*25.00

A. BUTLER  
FEB - 8 2022

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Infinity Health and Wellness Group, 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:

Daniel Plaut

Name of Person

Infinity Health and Wellness Group, LLC

Firm/Company

12620 Beach Blvd Ste 3-407

Address

Jacksonville, FL 32246

City/State and Zip Code

dplaut@infinityhealthandwellness.com

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

For further information concerning this matter, please call:

Daniel Plaut

904

477-0911

at ( )

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**

Infinity Health and Wellness Group 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 7/28/2020 and assigned Florida document number L21000339012.

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:

Daniel A. Plant

New Registered Office Address:

2466 Misty Lake Dr E.

Enter Florida street address

Jacksonville

City

Florida

32246

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.*

Daniel A. Plant

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**

[illegible]

[illegible]

**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.

Dated December 9 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB -3 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FL

December 22, 2021

DANIEL PLAUT  
12620 BEACH BLVD STE 3-407  
JACKSONVILLE, FL 32246

SUBJECT: INFINITY HEALTH AND WELLNESS GROUP LLC  
Ref. Number: L21000339012

We have received your document for INFINITY HEALTH AND WELLNESS GROUP 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 921A00030876