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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nai	me)
	- All other	
(D	ocument Number))
Certified Copies	Certificate:	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
	BAND LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Axel Lagru		
		Name of Person	
	INFECTED BAND LLC		
		Firm/Company	
	9012 Avenue Pointe Cir A	рі 206	
	<u> </u>	Address	
	Orlando, FL 32821		
	infectedbandfl@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Axel Lagru		786 3038684	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	

1 1

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	ORLANDO		Florida 32821 Zip Code
new Registered Office Address.		Enter Florida street	address
New Registered Office Address:	9012 AVENUE	E CIRCLE POINTE, APT 20	06
Name of New Registered Agent:	Axel Lagru		
nt and/or the new registered office addre	ess here:		
If amending the registered agent and/or		address on our records, <u>c</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		ORLANDO, FL 32821	<u> </u>
		9012 AVENUE CIRCLE	POINTE, APT 206 1
			DOLLITE ART 300
		·	<u> </u>
incipal office address MUST BE A STRE	ET ADDRESS)	ORGANIZO, 1 G 32021	
Enter new principal offices address, if applicable:		ORLANDO, FL 32821	
		9012 AVENUE CIRCLE	
new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
If amending name, enter the new name of	of the limited liab	olity company here:	
s amendment is submitted to amend the fol			
rida document number L21000372224			
Articles of Organization for this Limited I	iability Company	were filed on August 1st.	2024 and assigned
(<u></u>	(A Florida Limited	any as it now appears on our r Liability Company)	,

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>	Address	Type of Action
MGR	ERIC BERKOVSKY	9807 VISTA MAGNOLIA LANE, APT 314	□Add
		ORLANDO, FL 32836	■Remove
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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ective date, if other the effective date is listed, the te: If the date inserted in the entry is effective date of the effective date.	n this block does no	ot meet the applic	able statutory filing	(opt) ore than 90 days afte requirements, th	ional) r filing.) Pursuant to is date will not be	605.020 listed a
cord specifies a delayed s filed.	effective date, but r	not an effective ti	me, at 12:01 a.m. c	n the earlier of: (o) The 90th day a	ifter the
eded		2024	·			
	1/1/1	(10)/11	orized representative		. <u>.</u>	

Filing Fee: \$25.00