

L22000096245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

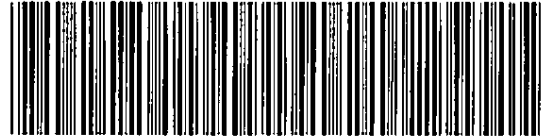
(Document Number)

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J. HORNE  
JUL 28 2022

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED

2022 JUL 27 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INFINITE NETWORK SOLUTIONS 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:

ALISHA WALKER  
\_\_\_\_\_  
Name of Person

INFINITE NETWORK SOLUTIONS LLC  
\_\_\_\_\_  
Firm/Company

14359 MIRAMAR PARKWAY SUITE 500  
\_\_\_\_\_  
Address

MIRAMAR FL 33027  
\_\_\_\_\_  
City/State and Zip Code

ALEX@LEXXCOMMUNICATIONS.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISHA WALKER  
\_\_\_\_\_  
Name of Person

832 562-9259  
at ( ) \_\_\_\_\_  
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**

**FILED**  
2022 JUL 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INFINITE NETWORK SOLUTIONS, 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 FEBRUARY 23, 2022 and assigned Florida document number L22000096245.

This amendment is submitted to amend the following:

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

INFINITE NETWORK 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:

14359 MIRAMAR PARKWAY SUITE 500

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR, FL 33027

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: ALISHA WALKER

New Registered Office Address: 14359 MIRAMAR PARKWAY SUITE 500

*Enter Florida street address*

MIRAMAR

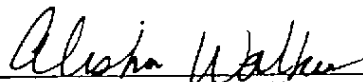
Florida 33027

*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>
AMBR	TATIANA HAINS	769 SPRAGUE STREET BALDWIN NY 11510	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BERNIE HAINS	769 SPRAGUE STREET BALDWIN NY 11510	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEX LUBIN	15244 SW 19TH STREET MIRAMAR FL 33027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

