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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

: (407)932-0040

Fax Number

: (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITE STAIR LLC

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Help

S. ROBERTS

JUL - 7 2023

COVER LETTER

Division of Co		
INFINITE SUBJECT:	E STAJR LLC	•
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	. •
	CESAR PATERNINA	•
	Name of Person	
	INFINITE STAIR LLC	
	Firm/Company	
,	12209 SUMTER DR	•
	Address	
	ORLANDO FL,32824	
	City/State and Zip Code	
	cesar@infinitestair.com E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
CESAR PATERNINA		
Name	of Person at () Area Code Daytime Telepho	nne Number
Enclosed is a check for	the following amount:	· · · · · · · · · · · · · · · · · · ·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status 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

INFINITE STAIR LLC		•	
Name of the Lin	ulted Liability Company as it now appear (A Florida Limited Liability Company)	s on onr records.)	
The Articles of Organization for this Limited	Liability Company were filed on JUI	LY 13,2022	_ and assigned
Florida document number L22000312046	, , , , , , , , , , , , , , , , , , ,		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Llability Company," the de-	esignation "LLC" or the abbrev	
Enter new principal offices address, if appli	icable:		<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
			A. Carlo
Enter new mailing address, if applicable:			2
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."LLC." 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: CESAR PATERNINA	వే		
			10 :
P. If amanding the registered agent and/o-	internal office 11		
agent and/or the new registered office address	registered office address on our re	cords, enter the name of	the new registered
Name of New Registered Agent:	CESAR PATERNINA		-
New Registered Office Address:	12209 SUMTER DR		•••
THE PERSON OF TH	Enter Flori	da street address	40.00
	ORLANDO	. Florida ³²⁸²⁴	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

"'.W' ? MGR = Manager AMBR = Authorized Member Type of Action Title Name Address □Add _ : _:m : _ DRemove Change □Add . H : □ Remove □ Change □Add " ©Remove □ Change □Add □ Remove Change ⊕ bbA⊡ Remove Change □R≎move

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