# 123000115246

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### **COVER LETTER**

	Registration Section Division of Corporations					
	INFINITE (	COLLECTIVE ENTERPRISE	, I.I.C.			
SUBJECT:	:	Name of Lim	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		IVY GAYLE DARRELL				
			Name of Person			
		INFINITE COLLECTIVE	ENTERPRISE, LLC.			
			Firm/Company			
	1518 SE 8TH PLACE					
		Address				
		CAPE CORAL, FL 33990				
		ITSMEIVY.BUSINESS@A	City/State and Zip Code OL.COM			
		E-mail address: (	to be used for future annual report notit	ication)		
For further	information c	oncerning this matter, please c	all:			
	E DARRELL	_	239 321-4284			
			at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne 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)		
	ailing Addres		Street Address:			
	egistration S		Registration Sec			

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

INFINITE COLLECTIVE ENTERPRISE, LL		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.23000115246	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u> NFINITE ALCHEMY MKTG, LLC.	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	- •
		•
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		/
		٥,
3. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the	name of the new regis
	, Florid	la 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
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			□Change
			□ Add
			□Remove
			□Change

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'an effe <u>fote:</u>	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
	EBRUARY 21 2024
ated _	Ilou Hayle Daniell
	Signature of member or authorized representative of a member