

L230000 324 842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

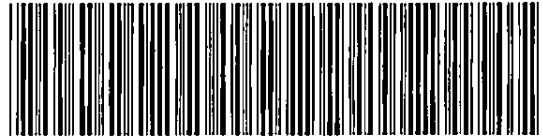
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900433977119

08/12/24--01024--011 **25.00

FILED
2024 AUG 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinite Latitude 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:

James A Becher
Name of Person

Infinite Latitude LLC
Firm/Company

936 Pine Baugh St.
Address

Rockledge, FL 32955
City/State and Zip Code

djohns326@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
2024 AUG 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

DeNise Johns at (321) 458-2537
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**

Infinite Latitude 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 7/10/2023 and assigned Florida document number L230000324842

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)

936 Pine Baugh St.
Rockledge, FL 32955

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

936 Pine Baugh St.
Rockledge, FL 32955

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:

Denise Johns

New Registered Office Address:

16 Olive St.

Enter Florida street address

Cocoa

City

, Florida

32922

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.

Denise Johns

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AL	James A Becker	936 Pine Baugh St. Rockledge, FL 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AL	Kelly Volansky	936 Pine Baugh St. Rockledge, FL 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
A	Ryokov LLC	936 Pine Baugh St Rockledge, FL 32955	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2024 AUG 12 AM
SECRETARY
TALLA 125

Apr 15, 2024

(optional)

SECRETARY OF STATE
TALLAHASSEE, FL
2024 AUG 12 AM 11:45
(anal)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

May 31st . 2024

Signature: _____

Typed or printed name of signee