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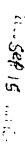
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COVER LETTER

	Registration Se Division of Co			
SUBJEC		nd Independent Ladies in Actio	n Infinity Solutions LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sharonda Street		
			Name of Person	
			Firm/Company	
		30 Rae Drive		
		-	Address	
		Palm Coast Florida 32164		
		destined2019@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information o	concerning this matter, please c	all:	
Sharonda	Street		904 400 1014	
	Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 Addres		Street Address:	ection
	Registration : Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destined and Independent Ladies		
(Name of the Lin	ited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)
he Articles of Organization for this Limited	Liability Company were filed on	7/17/2023 and assigned
orida document number L23000336054	·	
nis amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company	<u>here</u> :
ILA LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," tl	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE		211-
The participation of the water and the participation of the participatio		₩.
		<u> </u>
nter new mailing address, if applicable:		\21
		
Mailing address MAY BE A POST OFFICE	<u></u>	· · · · · · · · · · · · · · · · · · ·
		
. If amending the registered agent and/or gent and/or the new registered office addr		r records, enter the name of the new regist
Name of New Registered Agent:	Sharonda Street	
New Registered Office Address:	30 Rae Drive	
	Enter i	Florida street address
	Palm Coast	, Florida ³²¹⁶⁴
	City	Ziv 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>	Name	Address	Type of Action
Mr Curtis Giles	Curtis Giles	30 Rae Drive	□Add
			■Remove
		- <u>.</u>	□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
		□Remove	
		□Change	
			□Add
			□Remove
			□ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efi Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 20. 2023
	Signature of a member or authorized representative of a member
	Shamba Street Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2023

SHARONDA STREET 30 RAE DRIVE PALM COAST, FL 32164

SUBJECT: DESTINED AND INDEPENDENT LADIES IN ACTION INFINITY

SOLUTIONS LLC

Ref. Number: L23000336054

We have received your document for DESTINED AND INDEPENDENT LADIES IN ACTION INFINITY SOLUTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

3 - 5UCJ

Letter Number: 023A00022857

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