

L24000048304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

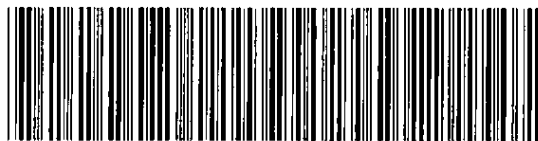
(Business Entity Name)

(Document Number)

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STATE  
OF MISSISSIPPI  
08/20/24 AM 9:00

R. HUNT

08/26/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JINFINITY Professional Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer J McKenzie  
Name of Person

JINFINITY Professional Services LLC  
Firm/Company

11924 FOREST HILL BLVD A-10 PUB 214  
Address

WELLINGTON, FL 33414  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer McKenzie at 404, 492 3974  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
JAN 29 AM 9:00  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Infinity Professional Services 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 6, 24 and assigned Florida document number L24000098307

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)

11924 Forest Hill Blvd A-10 PMB 214  
Wellington FL 33414

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

11924 Forest Hill Blvd A-10 PMB 214  
Wellington FL 33414

**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:

Jennifer J McKenzie

New Registered Office Address:

11924 Forest Hill Blvd A-10 PMB 214

Enter Florida street address

Wellington

City

Florida

33414

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**


**MGR = Manager**  
**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	Jennifer J. McKenzie	11924 Forest Hill Blvd A-10 BMD	<input checked="" type="checkbox"/> Add 214
		Wellington FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		11924 Forest Hill Blvd A-10 PUB	<input checked="" type="checkbox"/> Add 214
		Wellington FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2001 JUN 29 AM 9:00  
CLAY CO STATE  
LABORER, IL

**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.

Dated August 4, 2024

  
Signature of a member or authorized representative of a member

Jennifer J McKenzie  
Typed or printed name of signer

**Filing Fee: \$25.00**