## L24000247329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
CUDICOT	INTE SOLUTIONS, ILC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	IVAN A ARIAS		
	<u> </u>	Name of Person	<del></del>
	I & A INFINITE SOLUTI	ONS, LLC	
		Firm/Company	
	2509 SW 2ND TERRACE		
		Address	
	CAPE CORAL, FLORIDA	A 33991	
	iainfinitesolutions@gmail.c	City/State and Zip Code	·
	<u>-</u>	to be used for future annual report notific	eation)
For further information	concerning this matter, please c	all:	
IVAN A ARIAS		305 975-2624 at ( )	
Name	of Person		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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the United I	iability Company as it n		
(A F	londa Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liabil Florida document number L24000247329	ity Company were fil	ed on MAY 30, 2024	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability con	npany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compa	any," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address have		on our records, enter the	name of the new regis
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
		Enter Florida street address	
_		, Florid	
	City		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>	Address	Type of Action
CEO	IVAN A ARIAS		□ Add
		2509 SW 2ND TERRACE, CAPE CORAL, FL 3399	1 ■Remove
			□Change
MGR	IVAN A ARIAS	2509 SW 2ND TERRACE, CAPE CORAL, FL 3399	1 ■Add
			□Remove
			Change
			□ Add
			□Remove
		<del></del>	Change
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			□Remove
			Change

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Filing Fee: \$25.00