

124 000 352919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 19 2024

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2024 SEP 16 AM 11:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITE ABUNDANCE JT, 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:

JASON TIPPANY

Name of Person

Firm/Company

802 SE Central Hwy, APT B

Address

Stuart, FL, 34994

City/State and Zip Code

jason.tiffany91@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON TIPPANY

Name of Person

at (772) 267-0881

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 SEP 16 PM12:03
FILED
FJD

The Articles of Organization for this Limited Liability Company were filed on AUGUST 12, 2024 and assigned Florida document number L24000352919.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____ **Florida** _____
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|------------------------------------|---|
| <u>MGR</u> | <u>JASON TIFFANY</u> | <u>802 SE Central Pkwy, Apt 13</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | <u>Muart, FL, 34994</u> | |
| | | | |
| <u>MGR</u> | <u>TERESA TIFFANY</u> | <u>802 SE Central Pkwy, Apt 13</u> | <input type="checkbox"/> Add |
| | | <u>Stuart, FL, 34994</u> | <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD EIN: 99-4509228

ADD DBA: PRINTINE TOTAL POOL CARE

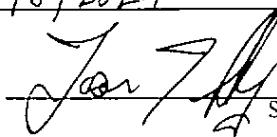
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

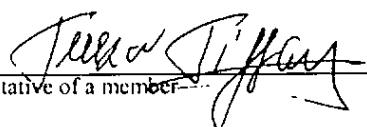
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/8/2024, _____



Signature of a member or authorized representative of a member



JASON TIFFANY

Typed or printed name of signee

TERESA TIFFANY