

M19000003107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

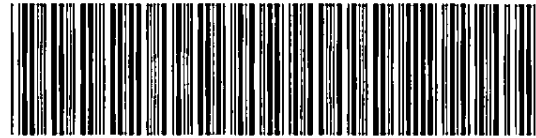
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG -2 AM 11:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinity Infusion Nursing, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Mazzenga

Name of Person

Infinity Infusion Nursing, LLC

Firm/Company

3000 Lakeside Dr., Suite 300N

Address

Bannockburn, IL 60015

City/State and Zip Code

och-corporatefilings@optioncare.com

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

For further information concerning this matter, please call:

Michelle Mazzenga

Name of Person

at (312) 940-2528

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

2022 AUG -2 AM 11:32

SEC. OF STATE
TALLAHASSEE, FL

July 14, 2022

Florida Secretary of State
Corporations Division
PO Box 6327
Tallahassee, FL 32314

RE: Entity #M19000003107

Dear Sir or Madam:

Enclosed please find the officer update form for Infinity Infusion Nursing, LLC

Upon completion, please send to my attention at:

3000 Lakeside Dr.
Suite 300N
Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-940-2528 or email me at och-corproatefilings@optioncare.com

Sincerely,

Michelle Mazzenga

Michelle Mazzenga
Senior Specialist

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Infinity Infusion Nursing, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000003107

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 03/29/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

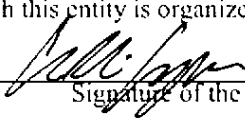
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Rebekah Kroner	5717 Highway 43, Suite B	<input type="checkbox"/> Add
		Satsuma, AL 36572	<input checked="" type="checkbox"/> Remove
Member	Shawn Kroner	5717 Highway 43, Suite B	<input type="checkbox"/> Add
		Satsuma, AL 36572	<input checked="" type="checkbox"/> Remove
Member	Harvey Wright	5717 Highway 43, Suite B	<input type="checkbox"/> Add
		Satsuma, AL 36572	<input checked="" type="checkbox"/> Remove
Member	Amy Wright	5717 Highway 43, Suite B	<input type="checkbox"/> Add
		Satsuma, AL 36572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Collin Smyser

Typed or printed name of signee