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COVER LETTER

TO: Registration Se Division of Cor		•	
Infinity Zul	i Shopping LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	•	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Law Offices of Isaac Benn	nergui, P.A.	
		Firm/Company	
	10800 Biscayne Boulevard	I, Suite 650	
		Address	:
	North Miami, FL 33161		
	•	City/State and Zip Code	
	gaonlaw@gmail.com	to be used for future annual report not	i G
For further information c	oncerning this matter, please co		nication
Law Offices of Isaac Ber	nmergui, P.A.	305 3978547 at ()	
Name o	f.Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	:
Registration S Division of C		Registration Se	
P.O. Box 632	•	Division of Cor The Centre of T	-
Tallahassee, I	FL 32314		e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Infinity Zuli Shopping LLC				
(Name of the Limited Li (A F)	ability Compa orida Limited l	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabili Florida document number L08000078863	ity Company	were filed on		and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here!		
The new name must be distinguishable and contain the words	"Limited Liahil	lity Company " the designation	n "11 C" or the abbrevi	intion "L. C."
Enter new principal offices address, if applicable		9520 Harding Avenue	in the of the above,	ation E.U.C.
Principal office address MUST BE A STREET AL	DDRESS)	Suite 1	ر جارب	202
		Surfside, FL 33154		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9520 Harding Avenue	AHASSE	23 [
		Surfside, FL 33154	<u> </u>	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our records,	enter the name of	the new register
Name of New Registered Agent:	Law Offices of Isaac Benmergui, P.A.			
New Registered Office Address: 10	0800 Biscayne	e Boulevard, Suite 650		
		Enter Florida street		
· <u>N</u>	orth Miami		, Florida <u>33161</u>	
New Registered Agent's Signature, if changing Regist		City	Z	ip Code

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

Title	<u>N</u> ame	Address	Type of Action
	<u>.</u>	<u>.</u>	□Add
			□Remove
			□Change
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an effective da <mark>(ote:</mark> If the d	e, if other than the date is listed, the date must that inserted in this blockfective date on the Dep	e specific and canno k does not meet th	ot be prior to date of the applicable statu	iling or more than 90	days after filing.) Pu	rsuant to 605.0207 (not be listed as t
record specif I is filed.	ies a delayed effective	date, but not an ef	fective time, at 12:	01 a.m. on the earl	lier of: (b) The 90	Oth day after the
ated	June_12	. _2	023			
	S	ignature of a member	er or authorized repr	esentative of a memb	er	
		•		3		

Filing Fee: \$25.00