## L09000112717

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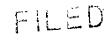
2010 NOV 18 TH P 17

O. LEWD NOV 1 9 2010 EXAMINER

## COVER LETTER

TO:	Registration Division of C					
SUBJE						
SODUL	<del></del>					
The en	closed Articles	of Amendment and fee(s) are su	omitted for filing.			
Please	return all corres	pondence concerning this matte	to the following:			
			OLGA L. PERDOMO	<u></u>		
			Name of Person			
INFI			NIT MANAGEMENT LLC			
			Firm/Company			
			P.O. BOX 416127			
		_	Address	<del></del>		
o_perdomo@live.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information	E-mail address: ( n concerning this matter, please (				
		GA L. PERDOMO	at ( 305 ) 305-163  Area Code & Daytime Telephone			
			•			
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 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		stration Section sion of Corporations Box 6327	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2010 NOV 18 PM 2 17

INF	FINIT MANA	GEMENT LLO	) jijon	MAKTUT STATE		
( <u>Name of the Limited</u>	d Liability Compar A Florida Limited L	ny as it now appear liability Company)	s on our recdrals.). A	CTAR FUT STATE <del>HASSEE</del> FLORIDA		
The Articles of Organization for this Limited L Florida document number L0900011	iability Company			and assigned		
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :			
GL	OBAL INFINIT	GROUP LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applic	EXECUTIVE SUITES OF MIAMI					
(Principal office address MUST BE A STREE	ET ADDRESS)	1395 BRICKELL AVE. SUITE 800				
		MIAMI, FL 33	131			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and/registered agent and/or the new registered o			ur records, <u>enter</u>	the name of the new		
registered agent and/or the new registered o	ince address here	•				
Name of New Registered Agent:	<del></del>					
New Registered Office Address:	1395 BRICKELL AVE. SUITE 800					
		Ent	er Florida street ada	lress		
		MIAMI	, Florida	33131		
				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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\square$ Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 16th 2010 Dated \_\_ Signature of a member or authorized representative of a member OLGA L. PERDOMO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00