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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: /NFINI	TY DEALER SERVICE	ES, INC.
DOCUMENT NU	mber: <u></u> <u> </u>	658	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
-	AUBAN	FRIMMEK Jame of Contact Person	
		Firm/ Company	
	19050 SW	7th STREET Address	
	PEMBROKE F	PINES, FL 32029 ity/ State and Zip Code	
_	AFROMMER O E-mail address: (to be use	TAGUAL NAPLES COM d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
		at () Area Code & Daytime Te	
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INFINITY	DEALER	SERVICES,	wc.	
Name of Corporation as	currently filed v	with the Florida	Dept. of State)	
P02000	096658			

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(Document Num	ber of Corporation (if kno	wn)	(C)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopt	s the fo
A. If amending name, enter the new name of	the corporation:		
			The nev
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional co	
B. Enter new principal office address, if appl	licable:		
(Principal office address MUST BE A STREE			
	<u></u>	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
(
		, , , , , , , , , , , , , , , , , , , ,	
D. If amending the registered agent and/or re		Florida, enter the name of the	<u>e</u>
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	ddress)	
		, Florida	
•	(City)	(Zip Code)	
	. •,		
New Registered Agent's Signature, if changin		ud accent the obligations of the	nonition
I hereby accept the appointment as registered a	geni. 1 am jamiliar with a	na accept the obtigations of the f	<i>ว</i> บร แเบท.
.5.	ionature of New Registered	l Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	<u>Address</u>	Type of Action
VP_	SALVATORE MARCIALITE	6236 INDIAN FORESTEIN LAKE WOLDINGE 33029	Add Remove
64	OMAL MANDERSON	4510 NW 60PI LANE COCCART CREEK, FL 33073	Add Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be specif		
provisi	mendment provides for an exchange, recloss for implementing the amendment if rect applicable, indicate N/A)		
		,	

The date of each amendment(s	s) adoption:
700 4 1 4 10 11 11	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated9	Liela France
Signature	Liele From
	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	AUIDAW FRUMEN_ (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)