12000027789

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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12 JUN 20 PH 4: 01
SECRETARY OF STATE

COVER LETTER

TO: Registration ! Division of Co			·	
SUBJECT:	Infini	ty 502, LLC		
		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	condence concerning this matter	to the following:		
	Alvaro Castillo			
		Name of Person		
		Castillo & Associates Firm/Company		
			-	
	1390 Brickell Ave Suite 200 Address			
		Miami, Florida 33131 City/State and Zip Code		
	Alvar	ro@alvarocastillopa.co	om	
For further information	E-mail address: (i		rt notification)	
	lvaro Castillo	at (<u>305</u>)	371-5540	
Name	of Person	Area Code & I	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	Registration	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity 5	02, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
(· · · · · · · · · · · · · · · · · · ·	Diagnity Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on	2/27/12	and assigned
Florida document numberL12000027789			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company	," the designation "I	LLC" or the abbreviation
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 of		r records, <u>enter 1</u>	the name of the new
registered agent and/or the new registered office address he	<u>re</u> :		
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:			CR.
The decrease of the control of the property of the control of	was to got in this gam	agaits. I further acr	TO E III
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com	plete performance of	f my duties, and L	am familiar with and
accept the obligations of my position as registered agent as	r provided for in Cha	pter 608, F.S. Or:	if this documentsis
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e address, I hereby c	confirm that the lift	n 🕨
company has been notified in writing of this change.		á	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Garanton	1390 Brickell Ave Suite 200 Miami, FL 33131	Add Remove
MGR_	Gerardo Garcia	1390 Brickell Ave Suite 200 Miami, FL 33131	Add Remove
MGR	Ernesto Pentenero	1390 Brickell Ave Suite 200 Miami, FL 33131	✓ Add Remove
	· 		Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessor	ary.)
- -			12 JUN 20 SEURETARY
Dated	June 12	2012	PH 4: 01 OF STATE B. FLORIDA
	Signature of a m	ember or authorized representative of a member Ernesto Pentenero	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00