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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinity Protection AND Investigations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS M. JIMENO
Name of Person
Infinity Protection AND Investigations LLC.
Firm/Company
7801 CORAL WAY suite 125
Address
Miami FL 33155
City/State and Zip Code
InfinityIA@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS M. JIMENO at (305) 525-3816
Name of Person Area Code 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 enclosed)

☐ \$60.00 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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TO
ARTICLES OF ORGANIZATION
OF

Infinity Protection and Investigations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/18/2004 and assigned Florida document number LO4000021137.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Infinity Investigations and Protection Agency, LLC.
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

7801 CORAL WAY suite 125
MIAMI FL. 33155

B. If amending the registered agent and/or registered office 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

Authorized Member being added or removed from our records:

MGR = Manager

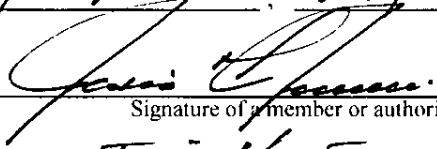
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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ST. LOUIS COUNTY
FALL ASBESTOS PROGRAM

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 10, 2014.


Signature of a member or authorized representative of a member

JESUS M. JIMENO
Typed or printed name of signer

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TALLAHASSEE, FLORIDA