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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY BH, 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:

ISAAC BENMERGUI

Name of Person

LAW OFFICES OF ISAAC BENMERGUI, P.A.

Firm/Company

1150 KANE CONCOURSE, SECOND FLOOR

Address

BAY HARBOR ISLANDS, FLORIDA 3154

City/State and Zip Code

GAONLAW@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC BENMERGUI

305 397-8547
at ()

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

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CLERK OF THE DISTRICT COURT
TALLAHASSEE, FLORIDA
ds.)

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGR	DANIEL GOLDFARB	12000 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		UNIT 402	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33181	
MGR	DIEGO GOLDFARB	12000 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		UNIT 402	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33181	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 August 21, 2014

Signature of a member or authorized representative of a member

IGHAL GOLDFARB

Typed or printed name of signee

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TALLAHASSEE, FLORIDA