*L04000033061

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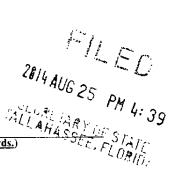
TO:	Registration Se Division of Cor		
CHDI	INFINITY	BH, LLC	
SUDJ	EC1:	Name of Limited Liability Company	
		Amendment and fee(s) are submitted for filing.	
Please	e return all correspo	ndence concerning this matter to the following:	
		ISAAC BENMERGUI	
		Name of Person	
		LAW OFFICES OF ISAAC BENMERGUI, 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 fu	rther information co	oncerning this matter, please call:	
ISA	AC BENMERG	UI 305 397-8547	
	Name o	at () Person Area Code Daytime Telephone Number	
Enclo	sed is a check for th	e following amount:	
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INFINITY BH, 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	y were filed on 04/30/2004	and assigned
Florida document number L04000033061		
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 "Limited Lia	ability 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)		
	<u></u>	
B. If amending the registered agent and/or registered		rds, enter the name of the new
registered agent and/or the new registered office address he	<u>:re</u> :	
Number of New Designated Assets		
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida street add	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANIEL GOLDFARB	12000 BISCAYNE BLVD	= Adđ
		UNIT 402	□ Remove
		NORTH MIAMI BEACH, FL 33181	
MGR	DIEGO GOLDFARB	12000 BISCAYBE BLVD	■ Add
		UNIT 402	□ Remove
		NORTH MIAMI BEACH, FL 33181	
			Add
			Remove 2
			Remove Remove Remove Remove Remove
1000			□ Add
			☐ Remove
			Remove

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Effective date, if other than the date The effective date must be specific, cannot be the date this document is filed by the Florida	e of filing:
the date this document is filed by the Florida	
	Department of State)
the date this document is filed by the Florida Dated August 21	Department of State)

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Filing Fee: \$25.00