L04000033061

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COVER LETTER

TO:	Registration Se Division of Cor			* re		•
(********	Infinity BH	LLC				
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			Name of Person	n		
		Law Offices of Isaac Benr	nergui, P.A.			
			Firm/Company	,		
		10800 Biscayne Boulevard	I. Suite 650			
		······································	Address			<u> </u>
		North Miami, FL 33161				ر ، فدن پس ^ر -
			City/State and Zip C	Code		 :
		gaonlaw@gmail.com				<u></u>
For fur	ther information c	n-man address; (oncerning this matter, please c	to be used for future an all;	nnuai report noti	rication)	-
Law Offices of Isaac Benmergui, P.A.			305 at (3978547		1 - CC
	Name o	t'Person	Area Code	Daytim	e Telephone	Number
Enclose	ed is a check for th	ne following amount:				
■ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	Cc: Cc	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
	Mailing Addres		· · · · · · · · · · · · · · · · · · ·	et Address:		
Registration Section Division of Corporations P.O. Box 6327		_	gistration Sec vision of Cor			
			The Centre of Tallahassee			
	Tallahassee, I	FL 32314	241	5 N. Monro	e Street, Si	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number 1.04000033061	Liability Company	were filed on $\frac{04/30/2004}{:}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limíted Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	9520 Harding Avenue	~) ~)
(Principal office address MUST BE A STRE		Suite 1	
		Surfside, FL 33154	:
			(3
Enter new mailing address, if applicable:		9520 Harding Avenue	
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 1	
		Surfside, FL 33154	10 G
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office :		
Name of New Registered Agent:	Law Offices of Isaac Benmergui, P.A.		
New Registered Office Address:	10800 Biscayne Boulevard, Suite 650		
		Enter Florida street d	nddress
	North Miami		_, Florida <u>33161</u>
		City	Zip Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			
	•		□Remove
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Filing Fee: \$25.00