L06000103894

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SECRETARY OF STATE OIVISION OF CORPORATION

J. BRYAN

JUL 25 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Infinity	Group Marketing, LL (Name of Limi	C ited Liability Company)	-
	Amendment and fee(s) are sub-	-	
	Joseph A. Porrello		·····
		(Name of Person)	08 SE
	Joseph A. Porrello, P.A.		JUL ORET
		(Firm/Company)	24 24
	P.O. Box 450249		OB JUL 24 AM 11: 17
		(Address)	- A
	Miami, Florida 33245		<u> </u>
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Joseph A. Porrello		at (305) 374-0092	
(Name of Person)		(Area Code & Daytime To	cicphone Number)
Enclosed is a check for the	ne 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Infinity Group Marketing, LLC		
(Name of the Limited Liabili	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
(***	Company)	
The Articles of Organization for this Limited Liability	Company were filed on October 25, 2006	and assigned
Florida document number L06000103894	·	
The state of the s		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:	Marie Annual Control	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Tegistered agent military site new registered office ne		
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida st	reet address)
	· _	•
	(City)	rida (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 608, 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 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>	Name	Address	Type of Action
MGRM	Joe Maenza	#101 Ft. Lauderdale, FL 33309	Add Remove
			Add Remove
,		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
·	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF STATE STATE SECRETARY OF CORPORATE STATE STATE SECRETARY OF SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF SECRETAR
Dated	7/17	987	OF STATE ORPORATIONS AM II: 17
	Signature of a	Typed or printed name of signee Page 2 of 2	

Filing Fee: \$25.00