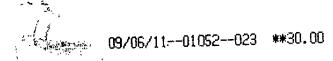
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SECRETARY OF STATE,
TALLAHASSEE, FLORID,

J. SAULSBERRY EXAMINER SEP 0 7 2011

COVER LETTER

Division of Cor					
SUBJECT:	INFINITE CAP	ITAL PARTNERS, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ndence concerning this matte	τ to the following:			
		layden P. Ridore, Esq.			
		Name of Person			
	INFINITE CAPITAL PARTNERS, LLC				
	Firm/Company				
	P.O. BOX 2209			Zi TAI	
	Address		ECF LLA		
	ORLANDO, FLORIDA 32802			2011 SEP -6 SECRETARY ALLAHASSE	
	City/State and Zip Code			`	-
HPRIDORE@INFINITE-PARTNERS.COM E-mail address: (to be used for future annual report notification)		OM	P. S. P.	[]]	
	E-mail address: (to be used for future annual report notific	cation) .	AM 8: 28 OF STATE OF LORID,	()
For further information co	oncerning this matter, please	call:		DE 28	
Hayo	den P. Ridore	at (_407_)	982-7291 ·		
Name of	Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	zd)
MAILING ADDRESS:		STREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Norma of the Limited Liability C	TAL PARTNERS,	on our records)		
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Con Florida document numberL06000118351	mpany were filed on	12/12/2006	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	AL	2011 SEr	
		AHASSI	SEP-6	
Enter new mailing address, if applicable:		ime		
(Mailing address MAY BE A POST OFFICE BOX)		r L DRII		
B. If amending the registered agent and/or register		r records, enter the	name of the new	
registered agent and/or the new registered office addres	ss here:			
Name of New Registered Agent:				
New Registered Office Address:	Finter	r Florida street address		
	Emer Proriaa street aaaress			
	City	, Florida 2	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 **Title** <u>Name</u> Address Type of Action **MGRM** ANDRE J. HOLMES 208 East Colonial Drive ✓ Add Orlando, Florida 32801 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 31 2011 Dated ___ Signature of a member or authorized representative of a member Hayden P. Ridore

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee