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D. BRUCE

JUN 3 0 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

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: Jason Brown	SUBJECT:	INFINITUS E	NTERPRISES LLC		
Please return all correspondence concerning this matter to the following: Jason Brown					
Jason Brown Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Name of Person Infinitus Enterprises. LLC Firm/Company 127 North Bay Hills Blvd Address	Please return all correspo	ondence concerning this matter	to the following:		
Infinitus Enterprises. LLC Firm/Company 127 North Bay Hills Blvd Address Safety Harbor, FL 34695 City/State and Zip Code Jason@infinitusenterprises.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Brown Name of Person Area Code & Daytime Telephone Number A Certificate of Status Certificate of Status Area Code & Daytime Telephone Number A Certificate of Status & Certificate of Sta					
Firm/Company 127 North Bay Hills Blvd Address Safety Harbor, FL 34695 City/State and Zip Code Jason@infinitusenterprises.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Brown Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			Name of Person		
Safety Harbor, FL 34695 City/State and Zip Code Jason@infinitusenterprises.com E-mail address: (to be used for future annual report notification) Profession Profe		Infi	Infinitus Enterprises. LLC		
Safety Harbor, FL 34695 City/State and Zip Code Jason@infinitusenterprises.com E-mail address: (to be used for future annual report notification) Jason Brown Name of Person Area Code & Daytime Telephone Number A Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations Safety Harbor, FL 34695 LARE SUBJECT S46.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			Firm/Company		
Safety Harbor, FL 34695 City/State and Zip Code Jason@infinitusenterprises.com E-mail address: (to be used for future annual report notification) Jason Brown Name of Person Area Code & Daytime Telephone Number A Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations Safety Harbor, FL 34695 LARE SUBJECT S46.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	•	12	7 North Bay Hills Blvd		
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Registration Section Registration Section Division of Corporations Division of Corporations	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Division of Corporations Division of Corporations					
	Divisio	on of Corporations	Division of C	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinit	us Enterprises. LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appea la Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability		05/07/2009	and assigned	
Florida document number L0900044344	<u></u> .			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the vul.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD.	DRESS)			
			7000	
			E IA	
Enter new mailing address, if applicable:			6 C C C	
(Mailing address MAY BE A POST OFFICE BOX)			777 7	
			35 N D	
			75 29 DA	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered office at	duics neie.			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>		, Florida		
	City		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 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

<i>*</i>						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	PEMBERTON, MICHAEL	7426 TURTLEBROOK LN. NEW PORT RICHEY EL 34655	Add Remove			
<u>MGRM</u>	Jason Brown	127 North Bay Hills Blvd Safety Harbor, FL 34695	Add Remove			
MGRM	Michael Pemberton	7426 TURTLEBROOK LN. NEW PORT RICHEY EL 34655	Add Remove			
MGRM	Wendy Brown	127 North Bay Hills Blvd Safety Harbor, FL 34695	✓ Add Remove			
MGRM	Lynda Pemberton	7426 TURTLEBROOK LN. NEW PORT RICHEY FL 34655	Add Remove			
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Add Remove			
D. II amond	ing any other information, enter chang	c(s) here. (Anach daditional sheets, if necessary.)	_			
	•	ריב. ריב.	09 JUN 29 PA SECRETARY OF			
Dated	June 24 , 20	009	FD PHI2:29 OF Start			
•	Signature of a member	r or authorized representative of a member				
		Jason Brown				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00