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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	INFINITY BLUE LI	.C	
30bate1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	В	EATRICE BIANCHI FASANI	
		Name of Person	
	BIANCHI	FASANI & FANTACCI LAW	,
	 	Firm/Company	· · · · ·
	420	LINCOLN RD SUITE 357	
	<u> </u>	Address	····
	MI	AMI BEACH, FL 33139	
		City/State and Zip Code	
		ANCHI@BFFLEGAL.COM to be used for future annual report	natification)
Con floathou information	concerning this matter, please c		nonneanony
	-		
BEATRICE BIANCHI		at ()	-91(X)
Name (of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	Registration So Division of Co Clifton Buildir	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INFINITY I			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Clorida document number27-0444211 This amendment is submitted to amend the fol	L			and assigned
A. If amending name, enter the new name of	_	oility company her	<u>·e</u> :	
N/A				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N/A		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, <u>ente</u>	the name of the r
New Registered Office Address:				
		Enter Florid	la street address	
		<u></u>	, Florida _	
		Cıù.		Zıp 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 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>	<u>Address</u>	Type of Action
MGR	SABRINA VERDUCI	420 LINCOLN RD SUITE 357 MIAMI BEACH FL 33139	Add
			□ Remove
		<u> </u>	Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
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(If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Serm Wy
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00