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SECRETARY OF STATE
FALL AHASSEE, FLORID.

J. BRYAN

DEC -3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Infinity AMT Name of Limit	Enterprises, LLC ted Liability Company	
	to the following: Tumminare Name of Person	20
917 Frem	ridaress	OP DEC -2 PM 12: 55 SECRETARY OF STATE FALL AHASSEE. FLORIDA
angela@infini E-mail address: (t	City/State and Zip Code +y-5 taffing-solutions. o be used for future annual report notificati	com
For further information concerning this matter, please concerning this matter than the please concerning the pl		192 dephone Number
Enclosed is a check for the following amount: \$\sum \\$25.00 \text{ Filing Fee } \\ \text{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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity AMT Enterprises LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears of ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit		19 05 + 11, 2009 and assigned
Florida document number <u>LOIOOOI</u>	<u>, 71</u> ./	
This amendment is submitted to amend the following	j:	
A. If amending name, enter the new name of the	limited liability company here:	
Infinity Staffing Sol	utions, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	(unerta -	<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	*****	SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	E P
•		105 B: S
		部形の
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our address here:	r records, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Futor	Florida street address
	Enter Florida street address	
	- Cu	, 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 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> <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 30 Ingela M. Tumminaro
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00