Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000035155 3)))



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To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : BEST VISION ACCOUNTING

Account Number : 120150000091 Phone . (305)220-9616 Fax Number : (305)220-9617

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BEST VISION FINANCIAL SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

		,	CO VILL MET THE	1,	
	gistration Se Asion of Cor		:	٤	
	BEST VISION FINANCIAL SERVICES, LLC.				•
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	! Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	i nil correspo	ndence concerning this matter	to the following:		
		OrencioRuiz			
		·	Name of Person		
		Best Vision Accounting			
			FimvCompany		
		11401 SW 40 Street Suite I	265		
			Address		
		Mismi, Fl 33173			
			City/State and Zip Code		
		margy@bvaccounting.com E-mail address: (1	o be used for future annual	report notificati	on)
For further i	nformation c	oncerning this matter, please ca		•	
Orencio Rui	íz		305 22	0-9616	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Centified Copy (additional copy is en		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di		Section Orporations	Divisio	ration Section on of Corpora	ations
P.0	Box 632	.7	The Co	entre of Talla	iliassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST VISION FINANCIAL SERVICES, LLC.				
(Name of the Limited Linbility Compan- (A Florida Limited Lin	y as it now appears on our records.) ability Company)		_	
The Articles of Organization for this Limited Liability Company w	vere filed on 10-09-2009	a	nd assig	ned
Florida document number <u>L09000097592</u>				
This amendment is submitted to amond the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
INFINITY REALTY, ELC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	ubbreviat	on "L.L.(<u> </u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>		
B. If amending the registered agent and/or registered office ac	idress on our records, enter the na	me of th	ic,new i	egister
igent and/or the new registered office address here:			023	
			<u></u>	
Name of New Registered Agent:		 .	P-3	
V 0 1 100 11		•	7	F~:
New Registered Office Address:	Enter Florido street address	-,	<u> </u>	<u></u>
		ु र	ف	
	, Florida	<u>-:</u> -	w	
	City	Zip	Llode	

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.

MGR = Manager

____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remeve
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change
			b5A□
			□Remeve
			Change
			DDA⊡
			□Romove
			[] Change
	.		□Add
			¬Remove

······································	on, enter change(s) here: (Attach additional sheets, if necessary.)
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<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
I am effective date is listed, the date must b	tate of filing:
repord specifies a delayed effective of is filed.	date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the
Dated Lanuary 27	2023
280Cu	
	Signature of a thember or authorized representative of a member
7	agnature of a næmber of authorized representative of a member
Orencio Ruiz	
	Typed or printed name of signoc

Filing Fee: \$25.00