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LA 12/02/20

COVER LETTER

Division of Cor	porations		
SUBJECT:	Cinity Manag	ement Group L ited Liability Company	LC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Samu	el Glore Tr. Name of Person	
	Infinity	Management Gr Firm/Company	oup LC.
	1714 W	akefeld Dr Address	
	SAM OI E-mail address: (1	City/State and Zip Code Why Delivery Shall to be used for future annual report notifications.	ll Lion LC.
For further information co	oncerning this matter, please ca		
Schwel (C-lmore Person	at (<u>&13</u>) <u>770</u> Area Code Daytime	- 1170 Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Intinity [Manager	meni (2000 LCC.
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Ol 24 2011 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1714 Wakefield Dr
(Principal office address MUST BE A STREET ADDRESS)	Brandon F 33511
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 OCT SECTION ALL:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	. <u> </u>
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 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

	Authorized Person(s) authorized to ma <u>rom our records</u> :	inage, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MCHR	Xavier Forster	8380 Crystal Harbour	(DFAdd
		Drive Apt201	□Remove
		Tampa FL 33615	□Change
AMBR	Xavier Forster	8380 Crystal Hurbour	(FAdd
		Drive Apt 201	□Remove
		Tampa FL 33615	□Change
			🗆 Add
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			□Change
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ective (date, if other e date is listed, t	than the da	te of filing:	annot be prior to	AO AO	or more than	(optio	nal) iling.) Pu r suar	nt to 605.020
<u>e:</u> If th	ne date inserted s effective date	in this block	does not med	et the applica					
umem	s cricerve date	on the Depth	unem or otal	te 3 records.					
	ecifies a delay	ed effective da	ite, but not ar	n effective tin	ne, at 12:01 a	m. on the e	arlier of: (b)	The 90th d	ay after the
s filed.									
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		3111	กลบเรยากาย	יטחנווג זוד-סחוו	TYPO TENTESPOS	([]V@ ()) 34 (*)***			