## L11000097830

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D. BRUCE

NOV 29 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Totaly Prolanes UC  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:			
Nancy Hanna Name of Person	-		
Istinity Anglanes Firm/Company	-		
2941 Scott Mill Lane	—		
Jacksonville & 3223 City/State and Zip Code	SLORETI ALLAHA	11 NOV 28	<u></u>
E-mail address (to be used for future annual report notification)	ARY O	28 PH	
For further information concerning this matter, please call:	FLOR	<del></del>	D
Name of Person at (904) 288.0551  Area Code & Daytime Telephone Number	NIDA III	0.89	
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certifie	ate of Stat		osed)

**MAILING ADDRESS:** 

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Airpl	anes LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on August 25 2011 and assigned
Florida document number <u>LI\000097830</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Infinity Tamily Asset	
The new name must be distinguishable and end with the words "Limit L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2941 Scott Mill Lane
Principal office address MUST BE A STREET ADDRESS)	Jacksonville & 32223
Enter new mailing address, if applicable:	2941 Scott Mill Lane
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville & 32223
_	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	e:
Name of New Registered Agent:	AS T
New Registered Office Address:	SSR 22
	Enter Florida street address
	City Florida ST TOPOCode
	City Sim Zon Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry)	
 			# 3 M	
Dated	lovember 21, 20		D 1:08	
	Alan	er or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00