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COVER LETTER

TO: Registration S Division of Co			
Twistee, I. SUBJECT:	,t.C		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alan Charron		
		Name of Person	
Infinite Synergy, LLC Firm/Company			
Address			
	Orlando, Fl. 32809		
		City/State and Zip Code	
	vicki@realpropertyspeciali		
		to be used for future annual report noti	lication)
For further information	concerning this matter, please c	all:	
Alan Charron		407 383-1778 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filling Fee	S30.00 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

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

Twistee, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L.	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L11000120009	were filed on 10/20/2011 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Infinite Synergy, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	20 19	
(Principal office address MUST_BE A STREET ADDRESS)	AC 9	- 1
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Enter new mailing address, if applicable:	- Care	2
(Mailing address MAY BE A POST OFFICE BOX)		-
	<u>17, 3</u>	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	<u>n ev</u> -
	Enter Florida street address	
	, Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	

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>	Address	Type of Action
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(If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
fiele	y 24 <u>2019</u> .
Dated	X /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00