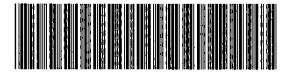
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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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12 OCT 22 PM 1: 30
SECREBARY OF STATE
TALLAHASSEE FLORIOA

B. BOSTICK
OCT 2 3 2012
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Infinity Restoration LLC	,
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:	
Moti Max Name of Person	
1660 NW 3rd Street	
Address	,
Deer field Beach, Fl 33 City/State and Zip Code	442 12
E-mail address: (to be used for future annual report notification)	CARD OCT
For further information concerning this matter, please call:	22 SSE
Modi Max at (954) 444-5950 Name of Person Area Code & Daytime Telephone Number	PM 1:30
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Florida document number		27/12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		ALL R
(Principal office address MUST BE A STREET ADD	ORESS)	AN CT
		22
	•	mo P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		三型 30
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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 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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAX, Mordchi	2311 NW 974 LN Coral Springs FL 33065	Add Remove
MBR	Avitan, Dosan	5072 NW 1244 Way Coral Springs, FL 3367	Add Remove
MGR	Rosario, David	9321 NW 24+L Court Sunrise, FC 33322	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	ı.)
			12 OCT 22
Dated DC) / 2	PH 1:30
	Mordehi	r or authorized representative of a member MAX I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00