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COVER LETTER

	tegistration Se Division of Cor			· 4.	
SUBJECT	Infinity Ros	selea LLC	•		
SUBJECT		Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ım all correspo	ondence concerning this matter	to the following:	:	
			Name of Person		
		Law Offices of Isaac Benr	nergui, P.A.		
			Firm/Company		
		10800 Biscayne Boulevard	J. Suite 650		- 1
			Address		ا ا س
		North Miami, FL 33161			(*)
		•	City/State and Zip Code		رى ر
		gaonlaw@gmail.com			•
		E-mail address: (to be used for future annual report no	tification)	: :
For further	r information c	oncerning this matter, please c	all:		ं - : <u>य</u>
Law Offic	es of Isaac Ber	nmergui, P.A.	305 3978547	:	
	Name o	f Person		me Telephone Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	<u> 1ailing Addres</u>		Street Address:	ection	
Registration Section Division of Corporations			Registration S Division of Co		
P	O. Box 632	.7	The Centre of	Tallahassee	
1	'allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

on <u>07/16/2012</u>	and assigned	
<u>ny here</u> :		
"the designation "LLC" o	r the abbreviation "L.L.C."	
ling Avenue	• •	
FL 33154		
ling Avenue		
FL 33154	ı . 	
d	tiny here: "the designation "LLC" of ding Avenue FL 33154 ding Avenue FL 33154	

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

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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ective date,	if other than the date	e of filing:		((optional)	
<u>te:</u> If the dat	is listed, the date must be see inserted in this block of active date on the Depart	loes not meet the	applicable statuto	ng or more than 90 day ry filing requirement	s after filing.) Pursuant s, this date will not b	to 605.0207 se listed as
cord specific s filed.	es a delayed effective dat	e, but not an effec	ctive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	y after the
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Filing Fee: \$25.00