## L12000137151

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EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

## Infinity Sales and Management, 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:

Tom Karras

Name of Person

Infinity Sales and Management.LLC

Firm/Company

5500 Military Trail #300

Address

Jupiter, FL. 33458

City/State and Zip Code

tkarras1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Karras

Name of Person

678, 209-8880

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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 Sales and Manageme			
( <u>Name of the Limited Li</u> (A F)	ability Compa lorida Limited I	ny as it now appears on or Liability Company)	<u>ır records.</u> )
The Articles of Organization for this Limited Liab Florida document number L12000137151	ility Company	were filed on 10/26/12	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liab	oility company here:	
Infinity Real Estate Sales & Manageme	nt,LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	N/A	
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:		N/A	WHASSE TAR
(Mailing address MAY BE A POST OFFICE BOX)			
			TO STATE OF THE PARTY OF THE PA
			5
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Flo	rida 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
		N/A	Add	
			Remove	
			Add	
			Remove	
			≫ia <u>S</u> Add	
			Add Remove.	
			Add Add Remove.	
			Remove	
			Add	
			Remove	
		<del>-</del>	Add	
		- I to be a second a	Remove	

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A
	IV/A
,	
Dated	,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Thomas J Karras
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00