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COVER LETTER

	egistration Sec ivision of Corp									
CUBUCT	INFINITY C	CAPITAL INVESTMENTS L	LC							
SUBJECT	:	Name of Limi	ited Liability Company							
•	•									
The enclos	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.							
Please retu	rn all correspon	dence concerning this matter	to the following:							
		MARIA A. DOMINGUEZ	. ESQ.							
			Name of Person							
		McCONNELL VALDES I	LLP							
			Firm/Company							
	1 S.E. 3RD AVENUE - SUITE 1650									
			Address							
		MIAMI, FLORIDA 33131	1							
			City/State and Zip Code							
		madt@mcvpr.com		_ _						
		E-mail address: (1	to be used for future annual report notifi	cation)						
For further	information co	ncerning this matter, please ca	all:							
MARIA A	DOMINGUE	Z	305 934-5209 at ()							
	Name of	Person	Area Code Daytime	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy						
Enclosed is	s a check for the	e following amount:								
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &						

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 CAPITAL INVESTME	ENTS LLC	
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L	iability Company were filed on _	DECEMBER 14, 2012 and assigned
Florida document number L12000156043	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	100 E
		57 -
		_
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
·		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the name of the ne</u>
registered agent and/or the new registered of	ince address here.	
Name of New Registered Agent:	LUIS O. RIVERA, MRW Cons	ulting Group, LLP
New Registered Office Address:	320 Davie Blvd.	
	Enter F	lorida street address
	Fort Lauderdale	, Florida ³³³¹⁵
	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 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
MGG	ALBERTO M. AGUIAR	6500 COWPEN RD. SUITE 202	Add
		MIAMI LAKES, FL 33014	■ Remove
			☐ Change
MGR	CONSTANTINO BAGATELAS	APDO. 0831-01548 PAITILLA	Add
		PANAMA REP. DE PANAMA	🗅 Remove
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