

L12000 156043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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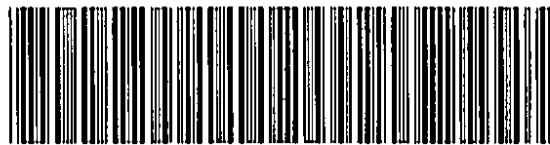
(Business Entity Name)

(Document Number)

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O STRACTIONS  
AUG 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFINITY CAPITAL INVESTMENTS 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:

MARIA A. DOMINGUEZ, ESQ.

Name of Person

McCONNELL VALDES LLP

Firm/Company

1 S.E. 3RD AVENUE - SUITE 1650

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

madt@mcvpr.com

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

For further information concerning this matter, please call:

MARIA A. DOMINGUEZ

305 934-5209  
at ( )

Name of Person

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

## INFINITY CAPITAL INVESTMENTS LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERTO M. AGUIAR	6500 COWPEN RD. SUITE 202	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CONSTANTINO BAGATELAS	APDO. 0831-01548 PAITILLA	<input checked="" type="checkbox"/> Add
		PANAMA REP. DE PANAMA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

April 2, 2018

Signature of a member or authorized representative of a member

CONSTANTINO BAGATELAS

Typed or printed name of signee