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COVER LETTER

TO: Registration Section **Division of Corporations**

INFINITE RENOVATIONS 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:

Christopher J. Kalina

Infinite Renovations LLC

Firm/Company

13114 Cardeto Court

Address

Estero, FL 33928

City/State and Zip Code

ckalina@infiniterenovations.com

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

For further information concerning this matter, please call:

Christopher J. Kalina

 $at \, (\underbrace{239}_{Area \, Code}) \, \underbrace{961\text{-}2450}_{Daytime \, Telephone \, Number}$

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fec & 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

INFINITE RENOVATIONS LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on May 7, 2013 Florida document numberL13000067738	ar	nd assig	ned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or	the abbrevia	tion "L.l	C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	•		<u> </u>	
B. If amending the registered agent and/or registered office address on our records, en	iter the n	ame of	f the nev	<u>v</u>
registered agent and/or the new registered office address here:	SEC TALL	4		
	CRES	SEP	្ន ់	
Name of New Registered Agent:	SS XX		• ;	-
New Registered Office Address:	<u> </u>	ω	1,15,72	•
Enter Florida street address		32	[]	
, Florid	a Es	ယ္	المستداد	schiphaen i
City	三海	Codes		
New Registered Agent's Signature, if changing Registered Agent:	2,			
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe	r agree to	comply	with the	!

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Oedy, Matthew J.	5308 Beauty Street	
		Lehigh Acres, FL 339	171 ■ Remove
AMBR	Kalina, Laura J.	13114 Cardeto Ct.	 ■ Add
		Estero, FL 33928	☐ Remove
	-		
			□ Remove
			Add S Reserve Reserve
			EP 18 PH 3: 33 HASSEE FLORIDA HASSEE FLORIDA
			□ Remove

effective date must be specific, cannot be	prior to date of receipt or filed date and cannot be more than 90 days after
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e effective date must be specific, cannot be e date this document is filed by the Florida	e prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
e effective date must be specific, cannot be e date this document is filed by the Florida ated September	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)
e date this document is filed by the Florida ated September	e prior to date of receipt or filed date and cannot be more than 90 days after Department of State)

Page 3 of 3

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State of the state

). If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
,	
Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 90 days after
Dated September 12	2014
Signature	of a member or authorized representative of a member
	Christopher J. Kalina
	Typed or printed name of signee

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Filing Fee: \$25.00

14 SEP 18 PH 3: 33