

L13000096743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

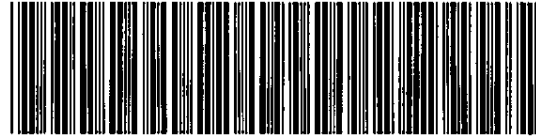
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 20 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **The Infinity Group, 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:

Domingo Pires

Name of Person

The Infinity Group, LLC

Firm/Company

6412 No. University Drive Suite #116

Address

Tamarac, FL 33321

City/State and Zip Code

MrAndMrsPires@aol.com

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

For further information concerning this matter, please call:

Domingo Pires

Name of Person

at (**770**) **572-1517**

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

The Infinity Group, LLC.

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Stephanie Baptista	6921 Environ Blvd #8R	☐ Add
		Lauderhill, FL 33319	☒ Remove
MGRM	Renee Pires	6921 Environ Blvd #8N	☒ Add
		Lauderhill, FL 33319	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
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CLERK OF DISTRICT COURT

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

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

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

Dated 4/23/2014

Domingo Pires 4.23.14
Signature of a member or authorized representative of a member

Domingo Pires

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA