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(Requ	uestor's Name))
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	ne #)
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(Busir	ness Entity Na	me)
(Docu	ıment Number)
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COVER LETTER

	Registration Se Division of Cor		•		
SUBJEC	POFINITY	LLC			
SOBJE.C		Name of Limi	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please ret	tum all correspo	ndence concerning this matter	to the following:		
		JOY STEPHEN			
			Name of Person		
			Firm/Company		
2250 NW 78TH AVE UNIT 103					
		PEMBROKE PINES, FLO	Address ORIDA 33024		
	City/State and Zip Code JOYSUJASTEPHEN@GMAIL.COM				
			to be used for future annual report notifi	cation)	
For furth	er information c	oncerning this matter, please ca	ıll:		
JOY ST	EPHEN		954 558-8454 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	ne following amount:			
□ \$25.0	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

on our records.
28/2013 2019 AUG 13 Fandassigned
GEORGIARY OF STATE TALLAHASSEE, FLORIDA
<u>'e</u> :
signation "LLC" or the abbreviation "L.L.C."
<u> </u>
our records, enter the name of the new
da street address
, Florida 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
			□ Remove
			☐ Change
			
			Remove
			Change
			Remove
			☐ Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not	meet the applical	ole statutory fili	ng requirements	, this date will not	nt to 605.020 be listed as
ne record specifies a dela The 90th day after the	yed effective record is filed	date, but not l.	an effective	time, at 12:	01 a.m. on the	earlier o
Dated		2019	do	ly .		
			\ ***\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ ·		
	Signature of a	member or author	ized representativ	e of a member		