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Registration Section

en Court LLC		•	
Name of Lim	ited Liability Company		
mendment and fee(s) are sub	mitted for filing.		
lence concerning this matter	to the following:	:	
	Name of Person		
Law Offices of Isaac Benn	nergui, P.A.		
	Firm/Company		
10800 Biscayne Boulevard	I, Suite 650		
	Address		~
North Miami, FL 33161			
. gaonlaw@gmail.com	City/State and Zip Code	,	`` •.
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	Name of Lim nendment and fee(s) are subsence concerning this matter Law Offices of Isaac Benn 10800 Biscayne Boulevard North Miami, FL 33161 gaonlaw@gmail.com E-mail address: (cerning this matter, please cergui, P.A. erson following amount: S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company nendment and fee(s) are submitted for filing. lence concerning this matter to the following: Name of Person Law Offices of Isaac Benmergui, P.A. Firm/Company 10800 Biscayne Boulevard, Suite 650 Address North Miami, Ft. 33161 City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report noticerning this matter, please call: ergui, P.A. at (Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: Name of Person Law Offices of Isaac Benmergui, P.A. Firm/Company 10800 Biscayne Boulevard, Suite 650 Address North Miami, FL 33161 City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: ergui, P.A. at (Area Code Daytime Telephone Number following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing for Certificate Copy (additional copy is enclosed) City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: ergui, P.A. at (Area Code Daytime Telephone Number Certificate Copy (additional copy is enclosed) City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: ergui, P.A. at (Area Code Daytime Telephone Number Certificate Copy (additional copy is enclosed) City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: ergui, P.A. By S55.00 Filing Fee & S60.00 Filing Fee & Certificate Copy (additional copy is enclosed) City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: ergui, P.A. By S55.00 Filing Fee & S60.00 Filing Fee & Certificate Copy (Certificate Copy (Ce

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Garden Court LLC			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company	were filed on 11/05/2013	and assigned
Florida document number L13000155614	<u> </u>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liab	ility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	· le:	9520 Harding Avenue	
(Principal office address MUST BE A STREET ADDR		Suite 1	^- <u>-</u> -
		Surfside, FL 33154	ر.
Enter new mailing address, if applicable:		9520 Harding Ave n ue	(3)
Mailing address MAY BE A POST OFFICE BO	0X)	Suite 1	 7:
		Surfside, FL 33154	22
If amending the registered agent and/or regingent and/or the new registered office address l		address on our records,	enter the name of the new register
	 "		
Name of New Registered Agent:	Law Offices of	Isaac Benmergui, P.A.	
New Registered Office Address:	10800 Biscayno	e Boulevard, Suite 650	
		Enter Florida street	address
	North Miami		_, Florida ³³¹⁶¹
•	•	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
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	· .		Remove
			Change
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n effective date te: If the dat	is listed, the date must be spec- e inserted in this block doe- ective date on the Departme	rific and cannot be prior to s not meet the applica	o date of filing or more the ble statutory filing rec	nan 90 days after filing.) P	ursuant to 605,020 Ill not be listed as
ecord specifies is filed.	s a delayed effective date, b	out not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The S	Oth day after the
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	C:	$\frac{1}{2}$	rized representative of a		:
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	Ighal Goldfarb		J		. 3

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