# L140000017976

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J. Sigvers FEB 1 9 2014

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	FLOF	RIDA INFINITY	/, LLC.	
SUBJI	EC1:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Frederic Bar	the	
			Name of Person	<del> </del>
			Firm/Company	
		17 SE 24th	Ave.	
			Address	
		Pompano B	each, FL 33062	
		fhortholou/@amail	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		fbarthelaw@gmail E-mail address: (	to be used for future annual report not	ification)
For fu	ther information co	oncerning this matter, please co	all:	•
Fre	ederic Ba	rthe	<sub>at</sub> 954 , 784-2	2800
	Name of	Person		ne Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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

FLORIDA INFINITY, LLC.		·	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records. ed Liability Company)	)	
The Articles of Organization for this Limited Liability Compa. Florida document number L14000017976	ny were filed on 02/03/2014	anan	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC"	or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			1
The part of the same of the sa		nen 3 te	
	<del> </del>	40()	·
			CO .
Enter new mailing address, if applicable:		· r	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		सम्बद्धाः स्वर्धान	
		Act pro	~
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the na	ame of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		<u> </u>
	Emer r with street univers		
	, Flor		<u> </u>
	City	Zin (	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 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>	Address	Type of Action
MGRM	David Feldgager	1750 N. Bayshore Dr Apt 4910	Add
		Miami, FL 33132	■ Remove
MGRM	David Feldgajer	1750 N. Bayshore Dr Apt 4910	<b>=</b> Add
		Miami, FL 33132	☐ Remove
			□ Remove
			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
			Remove -
		<u></u>	□ Add
			□ Remove
			🗖 Add
			□ Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(The effect	te date, if other than the date of filing:
	February 17 2014
<i></i>	
	Signature of a member or authorized representative of a member
	Frederic M. Barthe, Esq.
	Typed or printed name of signee

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Filing Fee: \$25.00