

L1400021811

06/03/2014 11:55 3054166111 ADAMS BALLINAR PA PAGE 01/05

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H14000131300 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.
 Account Number : I20000000205
 Phone : (305)416-6800
 Fax Number : (305)416-6811

2014 JUN -5 AM 9:41
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 INFINITY 88888, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 014 |
| Estimated Charge | \$25.00 |

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 TALLAHASSEE, FLORIDA

K. SALLY
 EXAMINER
 JUN -6 2014

((H14000131300 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infinity 88888, 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:

Diane M. Hernandez
Name of Person
Adams Gallinar, P.A.
Firm/Company
1000 Brickell Avenue, Suite 300
Address
Miami, Florida 33131
City/State and Zip Code
dhernandez@agilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez at **(305) 416-6800**
Name of Person 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

((H14000131300 3)))

ARTICLES OF AMENDMENT ((H14000131300 3)))
TO
ARTICLES OF ORGANIZATION
OF

INFINITY 88888, LLC

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

FILED
2014 JUN -5 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 7, 2014 and assigned
Florida document number L14000021811.

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 abbreviation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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

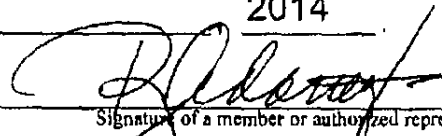
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|---|
| MGR | Albert M. Aguiar | 6500 Cowpen Road | <input checked="" type="checkbox"/> Add |
| | | Suite 202 | <input type="checkbox"/> Remove |
| | | Miami Lakes, FL 33014 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if needed. (((H14000131300 3)))

Five horizontal lines for entering amendments.

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 June 5 2014



Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Representative

Typed or printed name of signee