

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205 : (305)416-68<del>0</del>0

Fax Number : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* 300

Email Address:\_

ä

## SELLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY FINANCIAL HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 1 9 2014

S. YOUNG

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## COVER LETTER

TO:

Registration Section

Division of Corporations

Infinity Financial Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

3054166811

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

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

Name of Person

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY FINANCI/ (Name of the Limited Liability Compa (A Florida Limited)	•	
The Articles of Organization for this Limited Liability Company lorida document number <u>L14000082895</u>	were filed on May 2	1, 2014 and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		144
Mailing address MAY BE A POST OFFICE BOX)		in the second se
		1
If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		records, enter the hame of the h
New Registered Office Address:	Enter Florida str	eet address
<del></del>	City	, Florida
		-

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

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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>	Name	Address	Type of Action
MGR	Infinity 88888 Manager, LLC	1000 Brickell Avenue	□ Add
		Suite 300	■ Remove
		Miami, Florida 33131	
MGR	Infinity Holdings Management, LLC	1000 Brickell Avenue	<b>=</b> Add
		Suite 300	□ Remove
		Miami, Florida 33131	I Kemove
			□ Remove
			714 Add S
		<del>//</del>	Remove —
			20 ve() 20 ve() 20 ve()
			Remove
			<b>D</b> Add
			□ Remove

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			(((1140002193755)
D.	If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.	)
	_		<del></del>
E.	(The effective date	ve date, if other than the date of filing:  (optional)  tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)	
	Dated _	September 15 2014	
		Signature of a member or authorized representative of a member	<del></del>
		Robert R. Adams, Esq., Authorized Representative	
		Typed or printed name of signee	

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Filing Fee: \$25.00