# 1100149567

(F	Requestor's Name)	
(A	Address)	<del></del>
<u> </u>	Address)	
(0	City/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
(E	Business Entity Name	e)
([	Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



### 100275168051 FILING CANCELLED RETURNED CHECK

07/27/15--01020--021 \*\*30.00



JUL 2 8 2015 S. YOUNG

#### **COVER LETTER**

Division of C	orporations					
INFINIT SUBJECT:	Y CONSULTING GROUP LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Karim Gaber					
	<del> </del>	Name of Person		_		
	INFINITY CONSULTING	G GROUP LLC				
	<del></del> .	Firm/Company		_		
	1706 Belleair Forest Drive	e				
		Address			1	
	304				جسي جسي	~- <u>1</u> -
		City/State and Zip Code			1.3	Ī
	Belleair, FL 33756			- 4		, 1
	E-mail address: (	to be used for future annual report notif	ication)		ئە . سىپىر	٠
For further information	1 concerning this matter, please c	all:			S	
Karim Gaber		917 400-1813 at ( )			<u> </u>	
Name	e of Person		Telephone Numb	er	•	
Enclosed is a check for	r the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of St ed Copy	tatus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

**Registration Section** 

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

## FILING CANCELLED RETURNED CHECK

INFINITY CONSULTING GROUP LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number L14000149567	Company were filed on Septem	iber 24, 2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	<u></u>
(Principal office address MUST BE A STREET ADD	RESS)	•	<u></u>
		, ,	
	<del>- , , </del>		FG 122
Enter new mailing address, if applicable:			45
Mailing address MAY BE A POST OFFICE BOX		<u> </u>	<u>a</u>
maning dualess may be a rost of fice boay			<del>,</del>
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		r records, enter th	e name of the m
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet 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 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>	<u>Address</u>	Type of Action
MGR	Mohamed A ELGendy	1706 Belleair Forest Drive, Apt 304	□ Adđ
		Belleair, FL 33756	■ Remove
		FILING CANCELLED	Change
		RETURNED CHECK	Add
			☐ Remove
			Change
			□ Change
			Add
		<del> </del>	□ Remove
			☐ Change
			Add
			Remove
		<del> </del>	Change
			Remove
			Change

	FILING CANCELLEI	D
	RETURNED CHECK	
· · · · · · · · · · · · · · · · · · ·		
		<del></del>
<del> </del>		
fective date, if other than t	the date of filing:	(optional)
an effective date is listed, the date	must be specific and cannot be prior to date of filing or more than s block does not meet the applicable statutory filing requi	n 90 days after filing.) Pursuant to 605.020
ocument's effective date on the	e Department of State's records.	
	yed offective date, but not an effective time	at 13:01 a miles the earlier of
record specifies a delay	yeu enective date, but not an enective time,	at 12.01 a.m. on the earlier o
The 90th day after the r	ecord is filed.	
The 90th day after the r	ecord is filed.	
e record specifies a delay The 90th day after the r ated	ecord is filed.	

Page 3 of 3

Filing Fee: \$25.00