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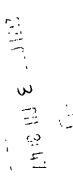
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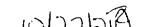
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COVER LETTER

| SUBJECT: _ | INFINITY 66 IN | VESTHENTS, LLC. | |
|---------------------|--|--|--|
| | Pane of Lin | neu Claonity Company | |
| The enclosed | Division of Corporations SHECT: Name of Limited Liability Company enclosed Articles of Amendment and feets) are submitted for filting. size return all correspondence concerning this matter to the following: MYHANH LOUDEN | | |
| Please return a | ill correspondence concerning this matter | to the following: | |
| | Address HALLANDALE, FL 33008 City/State and Zip Code SUETLOUDEN(gGMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: LOUDEN Name of Person 1 NF S 400 S FEDERAL HWY, #1641 Address HALLANDALE, FL 33008 City/State and Zip Code SUETLOUDEN(gGMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: LOUDEN Name of Person 1 S 540821 Area Code Daytime Telephone Number 2 Steek for the following amount: Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) alling Address: gistration Section Name of Corporations O. Box 6327 The Centre of Tallahassee 11 S 2314 Nonroe Street, Suite 810 | | |
| | | Name of Person | |
| | INFINITY Summer of Limited Liability Company Articles of Amendment and feets) are submitted for filing. Ill correspondence concerning this matter to the following: MYHANH LOUDEN Name of Person INFINITY Summer of Person Address HALLANDALE, FL 33008 City/State and Zip Code SUETLOUDEN(eg/GMAIL.COM E-mail address: (to be used for future annual report notification) DUDEN Name of Person Area Code Summer of Person Area Code Summer of Person Area Code Summer of Person Summer of Person Summer of Person Area Code Summer of Person Summer of Pe | | |
| | 500 S FEDERAL HWY, | / 1641 | |
| | | Address | |
| | HALLANDALE, FL 3300 | 98 | |
| | | City/State and Zip Code | |
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| tion for the int | | | |
| | , | | |
| MYHANH L | | at () | |
| | Name of Person | Area Code Daytime Telephone Number | |
| Enclosed is a | check for the following amount: | | |
| \ / | | INFORMATION INVESTIGATION Name of Limited Liability Company Les of Amendment and feets) are submitted for filing. INFORMATION INTERPORT INVESTIGATION Name of Person INFORMATION INVESTIGATION Name of Person INFORMATION INVESTIGATION Firm/Company 500 S FEDERAL HWY, #1641 Address HALLANDALE, FL 33008 City/State and Zip Code SUETLOUDEN(og/GMAIL.COM E-mail address: (to be used for future annual report notification) attorn concerning this matter, please call: EN Street Address Certificate of Status Certificate Copy (additional copy is enclosed) Address: tion Section Corporations K 6327 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |
| Reg Divi P.O. | istration Section ision of Corporations . Box 6327 | Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INFINITY SS INVESTMENTS, LLC. |
|--|
| NFINITY INVESTMENTS, LLC, (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 17/1/2014 and assigned Florida document number 14000 189 306 |
| 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 contain 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 RE A BOST OFFICE BOY) |
| (Mailing address MAY BE A POST OFFICE BOX) |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida strect address |
| Florida 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> | Name | Address | Type of Action |
|--------------|---------------|--------------------------|----------------|
| MGR | MYHANH LOUDEN | 500 S FEDERAL HWY, #1641 | □ Add |
| | | HALLANDALE, FL 33008 | Remove |
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