Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACBOTAX CORP

Account Number : I20190000033

Phone

: (786)703-5142

Fax Number

: (786)793-8148

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROSS INFINITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
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Electronic Filing Menu

Corporate Filing Menu

page 4 3 H2000309021

COVER LETTER

		· ·	O PRINCIPAL CONTRACTOR		
	istration Secti ision of Corpo				
CHR FROM	TROSS INFI	NITY LLC			
SUBJECT:		Name of Limite	d Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	dence concerning this matter to	the following:		
		ARGENTUM CAPITAL PA	ARTNERS LLC		
			Name of Person		
		TROSS INFINITY LLC			
			Firm/Company		
		1541 SUNSET DRIVE SUI	TE 303		
			Address		- 5
		CORAL GABLES, FL 3314	43	20	E 88
			City/State and Zip Code	4 <u>7</u> 5	学器
		OSVALDO@ARGENTUM		رم ا عن	국물.
		E-mail address: (to	o be used for future annual report notification)		-84
For further	information co	ncerning this matter, please ca	Al:		- 취임 - 연상
OSVALD	O MACEDO N	чето	561 665-1866 at ()	51:01 HV	STATE
	Name of	Person	Area Code Daytime Telephone Number	•,	JK?
Enclosed is	a check for th	e following amount:			
	Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy	t	

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTIC	0030900 Cles of <i>A</i> To	AMENDMENT) RGANIZATION
(Name of the Limited	Liability Compan Florida Limited Li	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liab Florida document number L15000000858 This amendment is submitted to amend the follow A. If amending name, enter the new name of the N/A	ing: he limited liabi	lity company here:
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	er new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 303
	CORAL GABLES, FL 33143	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 303
		CORAL GABLES, FL 33143
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ACBOTAX CO	ORP
New Registered Office Address:	1541 SUNSET	DRIVE SUITE 303
TAM TANISLAM ATTER TRANSPER.	Enter Florida street address	

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.

City

CORAL GABLES

If Changing Registered Agent, Signature of New Registered Agent

Florida 33143

H20000309021 3

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>	Address	Type of Action
MGR	ARGENIUM CAPITAL PARTNERS LLC	1541 SUNSET DRIVE	□∧dd
		SUITE 303	□Remove
		CORAL GABLES, FL 33143	B Change
			□ Add
			☐ Change
			□Add
			□Remove
			□Remove
			Change
			□Remove
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			□Remove
			Change

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lfan ei <u>Note:</u>	tive date, if other than the date of filing: [1] (optional) (frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	filed.
rd is f	09/01/2020
	1 09/01/2020 The Latt
rd is f	09/01/2020

Filing Fee: \$25.00