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Special Instructions to	Filing Officer:
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	J. HORNE
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Office Use Only



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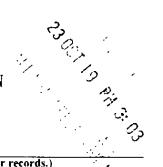
Registration Section Division of Corporations

TO:

Infinix Med	dia Inc		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amandment and facts) are sub	united for Elian	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Infinix Media Inc Firm/Company 1000 Corporate Drive, Suite 110 Address Fort Lauderdale, FL 33334 City/State and Zip Code compliance@focused-synergy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Infinix Media Inc		
		Firm/Company	
	1000 Corporate Drive, Sui	te 110	
		Address	
	Fort Lauderdale, FL 33334	1	
		•	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
Jessica Christovam		561 765-0668 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ge following amount:		
	-	□ 255 00 PW	
☐ \$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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, f			e Street, Suite 810
		=	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Infinix Media Inc		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 04/03/2015	and assigned
orida document number L15000059248	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	Control of the state of the sta	
Principal office address MUST BE A STREET ADD	RESS)	 -
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
traine of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	r.nier r ioriau sireel address	
	, Flor	ida Zip Code
	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>	Address	Type of Action
			□Remove
		***	□Change
MGR	Christopher Kilpatrick	1000 Corporate Drive. Suite 110	
		Fort Lauderdale, FL 33334	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
****			□Add
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ffective date, if other than the c	date of filing:		(optional)	
ffective date, if other than the can effective date is listed, the date must Note: If the date inserted in this block.	be specific and cannot be prior to	date of filing or more than	90 days after filing.) Pursuant	to 605.0207
locument's effective date on the Dep		ne statutory ming requir	thens, this date will not t	e fisted as
record specifies a delayed effective	date, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day	y after the
d is filed.				
September 18	2023	=		
			The state of the s	
Pated September 18	 ·		FF U	
Dated	···		Produce	
	Signature of a member or authori	ized representative signer	Gracia	

Filing Fee: \$25.00