

L15000105732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

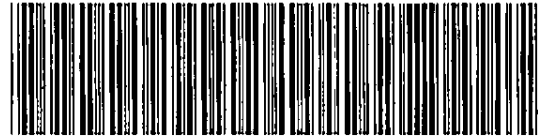
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 28 AM 10:29
DIVISION OF CORPORATE AFFAIRS

FILED

O. SIMMONS
SEP 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

STEPHEN SPIRA
5205 BABCOCK ST, NE
PALM BAY, FL 32905

SUBJECT: INFINITY MORTGAGE GROUP FLORIDA, LLC
Ref. Number: L15000105732

We have received your document for INFINITY MORTGAGE GROUP FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00003491

850-245-6051

2017 SEP 28 AM 11:16

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFINITY MORTGAGE GROUP FLORIDA, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

STEPHEN SPIRA

Name of Person

SPIRA, BEADLE & McGARRELL, PA

Firm/Company

5205 BABCOCK STREET, NE

Address

PALM BAY, FL 32905

City/State and Zip Code

STEVE@SBMLAWYERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN SPIRA

321

725-5000

at ()

Name of Person

Area Code

Daytime Telephone Number

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

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

INFINITY MORTGAGE GROUP FLORIDA, 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 JUNE 17, 2015 and assigned
Florida document number LI5000105732.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INFINITY MORTGAGE GROUP, LLC

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)

200 S. HARBOR CITY BLVD., SUITE 202

MELBOURNE, FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 S. HARBOR CITY BLVD., SUITE 202

MELBOURNE, FL 32901

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Type of Action</u>
MGR	YAIR FELDMAN	200 S. HARBOR CITY BLVD., SU	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
17 SEP 28 AM 10:29
CLERK OF COURT
JANUARY 1, 2018

17 SEP 1964

FILED
17 SEP 28 AM 10:30
DISTRICT OF COLUMBIA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 15 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee