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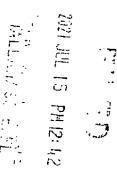
(Requestor's Name)
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(Address)
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(Document Number)
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D. BRUCE AUG 05 ZUZI

COVER LETTER

TO: Registration Se Division of Corp					
	M PRODUCTS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JUAN JOSE ASCANIO				
		Name of Person		-	
	INFINITUM PRODUCTS				
		Finn/Company		-	
	12057 SW 117TH COURT	Γ			
		Address		-	
	MIAMI FLORIDA 33186				
		City/State and Zip Code		11 	7021 1111 15
	INFO.INFINITUMCAR@0				- -
	E-mail address: (to be used for future annual repor	t notification)	- 1	_
For further information co	oncerning this matter, please co	all:			
JUAN JOSE ASCANIO		786 210696. at ()	3		P
Name of	f Person	Area Code D	aytime Telephone Numbe	rem _{i,} å	<u></u>
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)		
mpany were filed on 02-07-2015	and as:	signed
d liability company here:		
d Liability Company," the designation "LLC" or the	ne abbreviation "L	.L.C."
<u> </u>		
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office address on our records, enter the I	name of the ne	w regis
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office address on our records, enter the i	name of the ne	
	187 JUL 15 PH I	
r .	d liability company here: d Liability Company," the designation "LLC" or the	and ass described on 02-07-2015 and ass described by an analysis of the above o

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 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
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
		<u> </u>	□Remove
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