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M. MILLIGAN EXAMINER

JAN 19

## **COVER LETTER**

Division of C	Corporations						
INFINT SUBJECT:	E POWER RE LLC						
Name of Limited Liability Company							
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
	JOHN LAGO						
		Name of Person					
	LAGO FINANCIAL LLC						
		Firm/Company					
	14302 SW 76TH STREET						
		Address					
	MIAMI, FL 33183						
		City/State and Zip Code					
	JCLAGO@LAGOFINANC						
	E-mail address: (	to be used for future annual report notifi	cation)				
For further information	n concerning this matter, please ca	all:					
JOHN LAGO		786 541-2879					
Nan	ne of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for	or the following amount:						
<b>5</b> . \$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:

TO:

**Registration Section** 

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

Attentions Without Millian 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



INFINTE POWER RE 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 Com	npany were file	ed on DECEMBER 7, 2015	and assigned	
Florida document number L15000204064		_		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability com	ipany here:		
INFINITE POWER RE LLC				
The new name must be distinguishable and contain the words "Limited	I Liability Compa	iny," the designation "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:		dress on our records, enter	the name of the new	
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	<u> Ngent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete perforn nt as provided	nance of my duties, and I am d for in Chapter 605, F.S. Or	familiar with and , if this document is	
i	If Changing Re	gistered Agent, <u>Signature of New R</u>	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 **Type of Action** <u>Title</u> <u>Name</u> Address \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add <u>\_</u>% **5** Remove \_ □ Change

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