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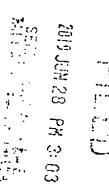
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	vision of Corp			
SUBJECT:		NITY LLC		
SUBJECT	·	Name of Limi	ited Liability Company	<del></del>
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		GILVAM F DOS SANTO	S	
			Name of Person	
		GFS TAX & ACCOUNTION	GN SERVICES	
			Firm/Company	
		2001 W CYPRESS CREE	K RD STE 102 B	
			Address	<del> </del>
		NFINITY LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  GILVAM F DOS SANTOS  Name of Person  GFS TAX & ACCOUNTIGN SERVICES  Firm/Company  2001 W CYPRESS CREEK RD STE 102 B  Address  FT LAUDERDALE FL 33309  City/State and Zip Code  INFO@GFSTAXACCT.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  TOS  954  9408322  at Code  Daytime Telephone Number  or the following amount:		
		INFO@GFSTAXACCT.CC		Person  Inpany  B  SS  Zip Code  Ure annual report notification)  9408322  Code  Daytime Telephone Number  Illing Fee &
		B INFINITY LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  GILVAM F DOS SANTOS  Name of Person  GFS TAX & ACCOUNTIGN SERVICES  Firm/Company  2001 W CYPRESS CREEK RD STE 102 B  Address  FT LAUDERDALE FL 33309  City/State and Zip Code  INFO@GFSTAXACCT.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  SANTOS  954  9408322  Name of Person  Area Code  Daytime Telephone Number  cck for the following amount:  g Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status & Certificate Copy  (additional copy is enclosed)		
For further	information co	oncerning this matter, please ca	all:	
GILVAM	DOS SANTOS	S	at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

B & B INFINITY LLC			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	oany were filed on 06/14/2016	and ass	igned
Florida document number L16000115348			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>		
Enter new mailing address, if applicable:		2019	
Mailing address MAY BE A POST OFFICE BOX)			i j
			]
B. If amending the registered agent and/or registere			of the
egistered agent and/or the new registered office address	here:	دي چ	
		Ş; Ş;	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	laZip Code	<u>-</u> .
	City	zip Coae	

## 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MR OPER VIAGENS TURISMO	3215 NE 184TH 14203 AVENTURA FL 33160	Add
			■ Remove
			Change
	<del></del>	<del></del>	Add
			Remove
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			Change

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Filing Fee: \$25.00