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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	HBBR CONSULT fied Liability Company	TANTS LCC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jerry	L, MeFar / Name of Person	lance
		Edger Con	
	16179 4	Address	Or.
	TAMPA	PL 3367 City/State and Zip Code	24
	MCFARL J. (E-mail address):-(1)	D HOL. COM 6 be used for future annual report notifi	cation)
	ncerning this matter, please ca	_	
Jerry L	Mafarland Person	at (813) 598-3	9816
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

I NFINITEC	YBER CONSULTANTS LLC.
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed onand assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited	d liability company here:
INFINITE C	GBER COHSULTANTS LLC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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:	5am = 47 0 (cl
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
	Same es old
Enter new mailing address, if applicable:	- Jame Co Ola
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new ss here:
•	
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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member	,	
<u>Title</u>	Name	Address	Type of Action
<u>C AO</u>	Harbert Hocks	12954 Trade Port F Riverview, FL	7L □ Add
		Riverview, FL	☐ Remove
		33579	
<u>C 00</u>	Harbert Hocks	12954 Trade Part F. Riverview, EC	Z □ Add
		Riverview, EC	Remove
		33579	Change
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an effective date is Note: If the date is	other than the date listed, the date must be sinserted in this block of ive date on the Depart	specific and cannot does not meet the tment of State's r	e applicable s' records.	latutory filir	nore than 90 day ng requiremen	ts, this date	.) Pursuan will not	be listed a
			out not an	effective	time, at 12	:01 a.m.	on the	earlier (
	ancer the record							
e record speci The 90th day	Aug Je	<u>066, _</u>	1/2	2				

Page 3 of 3

Filing Fee: \$25.00