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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Infi	inite Grow Name of Lim	th Technologies ited Liability Company	s LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ron	Allen Name of Person	
		Firm/Company	
	10048	Fox Squirre	1 Drive
	New Port	Richely Flor	104 37427
	InfiniteG	City/State and Zip Code Now th Tech 1069 to be used for future annual report notific	ics@Jamail.Cor
For further information co	ncerning this matter, please ca		,
Ven.	Allen Person	at (<u>727</u>) <u>869</u> - Area Code Daytime	4734 Telephone Number
Enclosed is a check for the	e 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:

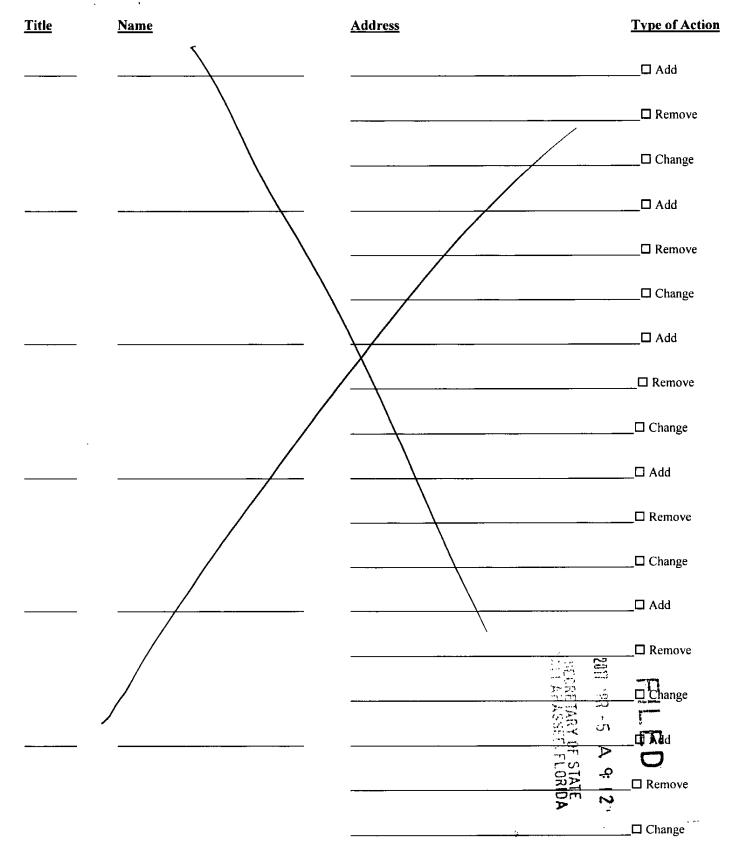
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \L \lambda \text{000019747 \lambda}{\text{\center}}\].	10/2///
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10048 Fox Souirrel Dr
(Principal office address MUST BE A STREET ADDRESS)	10048 Fox Squirrel Dr New Port Rickey, FL 34654
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10048 Fox Squirrel Do New Part Richay, FL 34654
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
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 agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S.Or, if this document is address, I hereby confirm that the limited liability
If Char	nging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



iffective date, if other than the date of filing: ASAP (optional) in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (obtained in the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (obtained in the date on the Department of State's records.) The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. (optional) (op		
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Filing Fee: \$25.00