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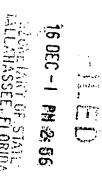
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# **COVER LETTER**

Division of Corporations	
SUBJECT: IN FINITY DEMOUTION LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PATRICK J CUMMINS  Name of Person	
INFINITY DEMOUTION LLC Firm/Company	
9904 N CONNECHUSETT BD	
TAMPA, FURIDA 33617  City/State and Zin Code	
TAMPA, FURIDA 33617  City/State and Zip Code  Infinity 79 demo @ gmail. com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PATRICK J CUMMINS at (8/3) 298-7555  Name of Person Area Code Daytime Telephone Number	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed)  S25.00 Filing Fee Certified Copy (additional copy is enclosed)  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

INMNITY DE	EMOUTION LLC	
. ( <u>Name of the Limited Liab</u> (A Flor	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number LIG000 203	y Company were filed on 11-07-2016 and assigned 39.38	
This amendment is submitted to amend the following:	ŗ.	
A. If amending name, enter the new name of the li	limited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	- Com
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
	S we will be the second of the	
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent and/or the new registered office agent and/or the new registered office agent agent and/or the new registered office agent age	egistered office address on our records, enter the name of the	e new
registered agent and/or the new registered office at	indices liete.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	
	City Zip Code	
No. 1 Decision of Associate Classication of the continue Decision	J A A-	

### 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 added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TAMPA FL 33417	Change
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Filing Fee: \$25.00