

L1700000 HHS 09

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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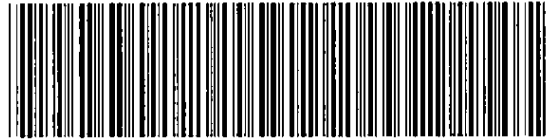
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infinipro 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:

Bram Scharf

Name of Person

Firm/Company

3780 Kori Rd Ste 15

Address

Jacksonville, FL 32257

City/State and Zip Code

bram@seaglassjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bram Scharf

904 904-999-9489
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 FEB 14 PM 2:05
RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Infinipro 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 Company were filed on 02/28/2017 and assigned
Florida document number L17000044509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sea Glass Home Pros LLC

The new name must be distinguishable and contain the words "Limited 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)

3780 Kori Rd Ste 15

Jacksonville, FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3780 Kori Rd Ste 15

Jacksonville, FL 32257

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Bram Scharf

New Registered Office Address:

3780 Kori Rd Ste 15

Enter Florida street address

Jacksonville

, Florida 32257

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

MGR = Manager
AMBR = Authorized Member

[illegible]

2024 FEB 11 PM 2:05

2025 FEB 11 PM 2:05

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 9, 2024

Bram Scharf

Typed or printed name of signee

Filing Fee: \$25.00