L17000058772

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COVER LETTER

	Registration S Division of Co					
	INFINICI	TY LLC				
SUBJEC	1:	Name of Limi	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rei	urn all corresp	ondence concerning this matter	to the following:			
		Alberto SOLE				
			Name of Person			
		INFINICITY LLC				
			Firm/Company			
430 Grand Bay Dr Apt 1003						
			Address	-		
		KEY BISCAYNE FL 3314	19			
City/State and Zip Code						
		Alberto.Sole@infinicity.info				
		E-mail address: (1	to be used for future annual report noti	fication)		
For furth	er information	concerning this matter, please ca	all:			
Alberto	SOLE	•	786 3745541 at ()			
	Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for	the following amount:				
□ \$ 25.0	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:

TO:

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

INFINICITY LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
ne Articles of Organization for this Limited Liability Company orida document number L17000058772	were filed on March 15th 2017	and assigned	
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
MAGITEK LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
nter new principal offices address, if applicable:	430 Grand Bay Dr Apt 1003		
Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNE, FL 33149		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	430 Grand Bay Dr Apt 1003 KEY BISCAYNE, FL 33149	7×13	
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r the name of the	
Name of New Registered Agent:		- 1 	
New Registered Office Address:	Enter Florida street address	22	
	, Florida _	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, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Address Type of Action Name □ Add ☐ Remove _□ Change □ Add _□ Remove _____ 🗀 Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add □ Remove _ Change \square Add ☐ Remove ☐ Change

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ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Dep	specific and cannot be pri does not meet the appl	or to date of filing or r icable statutory filir		ling.) Pursuant to 605.020
record specifies a delayed e he 90th day after the record	fective date, but r l is filed.	not an effective	time, at 12:01 a.	m. on the earlier o
ed June 12	. 2019	- Albert		
	nature of a member or au			

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Filing Fee: \$25.00