## L17000102247

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100300534811

05/22/17--01021--010 ++25.0

FILED
2017 JUN 22 PH 1: 25

K. SALY JUN 2 6 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
STIRJ	INFINITY HOME CONSTRU	JCTION SER	RVICES LLC		
.,019.9	(Name of Limited Liability Company)				
The e	nclosed member, resignation or dissoci	ation and fee(s	a) are submitted for filing.		
Please	e return all correspondence concerning	this matter to:			
EDV	VIN CASTRO RIOS				
	(Contact Person)				
INFIN	NITY HOME CONSTRUCTION SEF	RVICES LLC			
	(Firm/Company)		_		
570 F	RANCHERO RD APT 1				
	(Address)		_		
BELL	LE GLADE. FL 33430				
	(City State and Zip Code)		_		
For fu	urther information concerning this matte	er, please call:			
EDW	IN CASTRO RIOS	_ 787 _ at (	321-9151		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy		
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## INFINITY HOME CONSTRUCTION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Lia	olity Company)	$v_{HH}$
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000102247</u> .	ere filed onMAY 08, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am fa wided for in Chapter 605, F.S. Or, i	miliar with and t this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JONATHAN ORTEGA MERCED	1749 NE AVE J	🗆 Add
		BELLE GLADE, FL 33430	■ Remove
			Change
AHBR	GABRIEL GELPÍ	1733 N.E. AVE J BETTE GLADE FL 33430	🗗 Add
			Remove
			Thange T
			Allow C
			Romove 29
			Add
			Remove
			☐ Change
			🗖 Add
			🗆 Remove
			Change
			□ Remove
			□ Change

_	
_	
_	
_	
_	
_	The second secon
_	2 7
_	
_	
	29
_	
Effectiv	re date, if other than the date of filing: (optional) (optional)
<u> Note:</u> 1	ctive 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 0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locume	nt's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
Dated _	3/19/2017
/accu _	
	Signature of a member or authorized representative of a member
	EDWIN CASTRO RIÓS

Page 3 of 3

Filing Fee: \$25.00