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SECRETARY OF STATE

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## COVER LETTER

TO:

Registration Section **Division of Corporations** 

Infinity Reserve at Waters LLC SUBJECT: 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: Name of Person Law Offices of Isaac Benmergui, P.A. Firm/Company 10800 Biscayne Boulevard, Suite 650 Address North Miami, FL 33161 City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Law Offices of Isaac Benmergui, P.A. 3978547 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa	iny as it now appears on our Liability Company)	records.)
	(A Florida Limited )	Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on <u>06/06/2017</u>	and assigned
Florida document number L17000123993		:	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	9520 Harding Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Suite 1	
	_	Surfside, FL 33154	7023 SEC TA
Enter new mailing address, if applicable:	•	9520 Harding Avenue	FIL JUN 23 RETAR LL ARA
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1	2SS 0 7
-		Surfside, FL 33154	E S
			AI
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records,	enter the name of the new regist
igent and/or the new registered office aggre	ss nere.	:	
Name of New Registered Agent:	Law Offices of Isaac Benmergui, P.A.		
New Registered Office Address:	10800 Biscayno	e Boulevard, Suite 650	
		Enter Florida street	address
	North Miami		, Florida 33161
		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

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>	Address	Type of Action
	· 		□Add
		<del> </del>	□Remove
			□Change
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			□Remove
			□Change

Effective date, if other than the date of filing:  (optional)  (fil an 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 665.0267  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated June 12  2023  Signature of a hembet, authorized repasentative of a member lighal Goldfarb	If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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Effective date, if other than the date of filing:  (Optional)  (If an 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 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  June 12  2023  Signature of a member of authorized representative of a member		
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	Dated	MAA
Ighal Goldfarb	_	Signature of a member in authorized recesentative of a member
Typed or printed name of signee		

Filing Fee: \$25.00