L17000124009

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ente de con-		gnolia 2 LLC	
SUBJECT:		Name of Limit	Name of Limited Liability Company dment and fee(s) are submitted for filing. e concerning this matter to the following: Name of Person Firm/Company Name of Person Name
TL l	الإدارات المستعال المستعال	Name of Limited Liability Company nendment and fee(s) are submitted for filing. Price 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) reming this matter, please call: regui, P.A. rson at (
			·
Please retur	Infinity Magnolia 2 U.C Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Infinity Magnolia 2 U.C Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Infinity Magnolia 2 U.C Name of Person Law Offices of Isaae Bennergui, P.A. Firm/Company 10800 Biscayne Boulevard, Suite 650 Address North Miami, Ff. 33161 City/State and Zip Code gaonlaw@gmail.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: res of Isaae Bennergui, P.A. Name of Person at (Area Code Daytime Telephone Number) is a check for the following amount: Of Filing Fee Scortificate of Status Certificate of Status Street Address: Registration Section Registration Section		
			Name of Person
		1	
		Law Offices of Isaac Benni	<u> </u>
			Firm/Company
		10800 Biscayne Boulevard,	, Suite 650
			Address
		North Miami, FL 33161	
			City/State and Zip Code
		E-mail address: (to	o be used for future annual report notification)
For further	information co	oncerning this matter, please ca	di:
Law Office	s of Isaac Ben	mergui, P.A.	305 3978547
	Name of	Person	
Enclosed is	a check for th	e following amount:	
		□ \$30.00 Filing Fee &	Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy
Mailing Address:			
			Division of Corporations
Ρ.	O. Box 632	7	The Centre of Tallahassee
Та	Illahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Magnolia 2 LLC

(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our i Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L17000124009	iability Company	were filed on 06/06/2017	and a	ssigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liah	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity 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)		9520 Harding Avenue		<u> </u>	
		Suite 1			
		Surfside, FL 33154		.	
Enter new mailing address, if applicable:	•	9520 Harding Avenue	SECRETAL TALLAH		
(Mailing address MAY BE A POST OFFICE BOX)		Suite I	>>:	<u> </u>	
		Surfside, FL 33154			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>s</u>	enter the name of the	ew registered	
Name of New Registered Agent:	Isaac Benmergui, P.A.		<u> </u>		
New Registered Office Address:	10800 Biscayne Boulevard, Suite 650				
the Regimered office flatters.	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 provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my duti- provided for in Chapter	es, and I am familiar w 605, F.S. Or, if this doc	ith and cument is	
		lj			

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
		:	□Add
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