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COVER LETTER

Miguel G. Thornhill 919 796-6801	-
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: Miguel G. Thornhill Name of Person Infinite Business Infrastructure Solutions (IBIS) LLC Firm/Company 600 SW Abode Ave Address Port St Lucie, FL 34953 City/State and Zip Code m.g. thornhill@itstransporting.com E-mail address: (to be used for future annual report in further information concerning this matter, please call: Miguel G. Thornhill 919 796-6801	
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For further information concerning this matter, please call: Miguel G. Thornhill 919 796-6801	otification)
Miguel G. Thornhill 919 796-6801	omento)
Name of Person Area Code Day	
	time Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinite Transport Solutions LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited Liability (Company were filed on January 08, 2018	and assigned
	 '	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Infinite Business Infrastructure Solutions (IBIS) LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
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3. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida Zip Code
	Criy	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 Type of Action Title <u>Name</u> **Address** _____ □ Add ______ Remove _____ □Change ______ □ Change □Add _____ □Change ______ Change _____ □Add ______ Change

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n effectiv <u>te:</u> - If-tl	date, if other than the date of filing:	020 ¹ d as
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted	Signature of a member of authorized representative of a member	
	n.D.20	
	Signature of a member or authorized representative of a member	
	Miguel G. Thomhill	