## L18000007318

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

INFINITY	/ MANAGEMENT ENTERPRI	SES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	James Andrews		
		Name of Person	
	Andrews Accountancy LL	C	
		Firm/Company	<del></del>
	8566 NW 19th Dr		
	<u> </u>	Address	
	Coral Springs, FL 33071		
	·····	City/State and Zip Code	
	jand592040@aol.com		_
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please concerning	all:	
James Andrews		305 323 1278 at () Area Code Daytin	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 SEP 14 ANY 9: 55

## INFINITY MANAGEMENT ENTERPRISES LLC

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

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000007318	ompany were filed on 01/08/20	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my du yent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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	<u>Name</u>	Address 2020 SE 11 AN 9: 35	Type of Action
MGR	LURII BLUDOV	852 Broken Sound Pwy NW, STE 310	□Add
		Boca Raton, FL 33487	<b>≡</b> Remove
			□Change
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			□Remove
			□ Change
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			□Remove
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Signature of a member or authorized representative of a member	September 4	2020		
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Filing Fee: \$25.00