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COVER LETTER Registration Section TO: **Division of Corporations** JNK. TECHNOLOGIES, LC 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: KENDAL GEUN Name of Person INFINITY MINUS ONE, LLC 670 SUNLIT CORAL ST RUSKIN, FL 33570 Kendall Gelin @ gmail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 753-4056 | Area Code Daytime Telephone Number KENDAL GELIN Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite
Tallahassee, FL 32303

Certificate of Status &

Certified Copy (additional copy is enclosed)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JNK TECHNOLOGIES, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000105545</u>	ompany were filed on <u>4-/</u> -	16 - 24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
TNFINITY MINUS OF The new name must be distinguishable and contain the words "Limi	NE, LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	024
		APR
		23
Enter new mailing address, if applicable:	NA	17
(Mailing address MAY BE A POST OFFICE BOX)		i fi fi
		5
		69
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:	ENDAL GELIN	
New Registered Office Address:	70 SUNLIT COR.	AL ST.
	Enter Florida street	
	RUSKIN	_, Florida 33570
	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.

Hendal Seli If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessity)	ssary.)
	<u> </u>
	<u> </u>
E. Effective date, if other than the date of filing:	inał)
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not must the applicable statutors filing requirements this	filing.) Pursuant to 605.0207 (3)(I
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
If 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
record is filed.	
Dated 4-16 2024.	
11 1 20 21 1.	
Signature of a member or authorized representative of a member	<u> </u>
KENDALL GELW Typed or printed name of signee	
Typed or printed name of signee	1

	authorized Person(s) authorized to ma	nage, enter the title, name, and address	of each person being add
MGR = Man	nager horized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	JOSLIN ATHIS	1605 NW 124TH ST,	□Add
		NORTH MIAMI, FL. 3	3167 Remove
			☐ Change
			☐ Remove
			☐ Change
			□Add
			☐ Remove
			☐Change
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			∏ □Remove
			