

L18 000 112796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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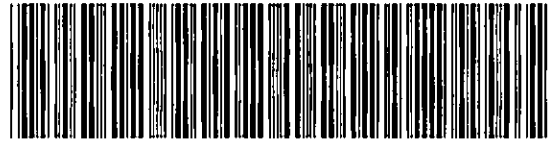
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

US
10/9/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFINITY PUBLIC SAFETY GROUP, LLC
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:

RONELL MIDDLETON

Name of Person

INFINITY PUBLIC SAFETY GROUP, LLC

Firm/Company

15223 SW 21 STREET

Address

MIRAMAR FL 33027

City/State and Zip Code

INFINITYPSGSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

RONELL MIDDLETON 305 332-9155
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

INFINITY PUBLIC SAFETY GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned
Florida document number L18000112796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INFINITY PUBLIC SECURITY GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

RONELL MIDDLETON

15223 SW 21 STREET

MIRAMAR FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15223 SW 21 STREET

MIRAMAR FL 33027

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUAN CARLOS ARIAS, ESQ (SAME REGISTERED AGENT)

New Registered Office Address:

330 DAVIE BOULEVARD (NEW ADDRESS)

Enter Florida street address

FT LAUDERDALE

Florida 33315

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LAWRENCE MCGHEE	1203 JONQUIL WAY	<input type="checkbox"/> Add
		DOUGLASVILLE GA 30113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONELL MIDDLETON	15223 SW 21 STREET	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNETH D. OTTLEY	4350 NW 173RD DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 9/28/2021

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ~~SEPTEMBER 28,~~ 2021

Signature of a member or authorized representative of a member

RONELL MIDDLETON

Typed or printed name of signee

Filing Fee: \$25.00