L18000125951

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration of Division of	on Section Corporations		
SUBJECT: AFFL	UENCE INFINITE LLC		
		nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
		Name of Limited Liability Company and fee(s) are submitted for filing. Perning this matter to the following: Name of Person	
	A EEL LIEU OF INFINIT		
	AFFLUENCE INFINI		
	4730 S Fort Apache	Road Suite 300	
		Address	
	Las Vegas, NV 89147	City/State and Zip Code	
	docs@incauthority.com E-mail address: (to be used for future annual report notif	ication)
For further informati	ion concerning this matter, please c	all:	
Processing Depa	artment	at (800) 638-2320	
Na	ane of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fe	ee □ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Re	AILING ADDRESS: gistration Section vision of Corporations		n

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	v Company as it now appears on our records.)	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/21/18	and assigned
lorida document number L18000125951	<i></i> :	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation, "L.I.Q."
	, , ,	SE VIS
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		PH 12:
nter new mailing address, if applicable:		22 KATI
		ထ င်္ဂ
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regist		nter the name of the
egistered agent and/or the new registered office addr	<u>'ess here</u> :	
Name of New Registered Agent:		_
New Production and Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florid	laZip Code
	$c \dot{m} \dot{x}$	гар с оае

New Registered Agent's Signature, if changing Registered Agent:

ACCULIENCE INCINITE LLO

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gerald J. Mickalowski	1319 Dover Rd	
		Panama City FL 32404	□ Remove
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ective date, if other than the coeffective date is listed, the date must	late of filing:	<u>n é 20 —</u>	ore than 90 days at	stional) Escilence becom	pro 1. aktiš (191
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the app	dicable statutory film	e requirements. I	his data will be	t be listed a
union. Vencente date on the Dep	anunem of State 8 recor	(IX			
record specifies a delayed	effective date, but	not an effective t	ime, at 12:0:	i.a.m. on the	e earlier c
ne 90th day after the reco	rd is filed.				
. June 15	2018	}			
June 15		<u>, </u>			
£ 9					

Page 3 of 3

Typed or primed name of signer

Filing Fee: \$25.00

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, June 29, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For <u>AFFLUENCE INFINITE LLC</u>

We have included payment in the amount of \$25.00 for the following fees:

Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of the Articles to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502