118000 130 800

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300322077373

12/26/18--01088--901 *+30.69

2010 (JEC 26 P) 2 12

JET A. J.I.I T. LEMEUX

COVER LETTER

IO: Registration Section Division of Corporation	ons		
SUBJECT:	Name of Limited	ALL Liability Company	
The enclosed Articles of Amend	•		
Please return all correspondence	concerning this matter to t	ne following:	
	Veronica Ir	ollerud Name of Person	
-	Infinity	Name of Person Group // C Firm/Company	
.ems		cie Hung Suite ?	
_	Miami FL 3	3 3 146 City/State and Zip Code	
		Cu puncture 50 Flu pe used for future annual report n	·COM
For further information concern			ouncadori
Veronica Troll	_	at (786) 502	2173
Name of Perso	n	Area Code Day	time Telephone Number
Enclosed is a check for the foll	owing amount:		
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Infinity Group US	A LLC ty Company as it now apper a Limited Liability Company	2019 (FC 2b 7 2)
The Articles of Organization for this Limited Liability Company were filed on		
Florida document number <u>L18000[3]880</u>	·	
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD)	(ESS)	
	···-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		on our records, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:	Enter Fi	orida street address
		, Florida
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action <u>Title</u> Address Name | Armando Archetti CEO 4736 S Dixie Huy, Suite 211 Add Coral Goldes, FL 33H6 PREMINE COO Veronica Frollerud 211 Card Galdes, FL 3316 Remove _ Change □ AJd _□ Remove _□ Change _□ Add □ Remove __ Change □ Add ☐ Remove ____ □ Change DbA □ □ Remove _□ Change

	·	
	· · · · · · · · · · · · · · · · · · ·	
	·	
effective date is left. If the date in	other than the date of filing:	97 (3)(b s the
ecord speci ne 90th day	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o after the record is filed.	of:
ed	JULIAN.	

Page 3 of 3

Filing Fee: \$25.00