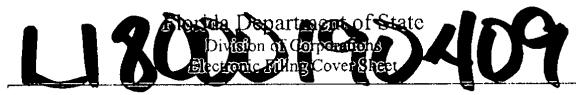
TO:18506176383 FROM:5612934213 Page: 2 08/2/2019 03:21 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407)898-1757

Fax Number

: (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY DEALERSHIP, LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

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TO: 18506176383 FROM; 5612934213  $\leq$ 

## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

Divisio	of Corporations	
IN CHARLES	INITY DEALERSHIP, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Ar	icles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	JULIA BELLONI TEDESCO	
	Name of Person ACCOUNT BOOKKEEPING CORP	
	Firm/Company 5301 CONROY ROAD SUITE 140	
	Address ORLANDO, FL 32811	: :
	City/State and Zip Code INFO@ABKCORP.COM	; · · ,
	E-mail address. (to be used for future annual report notification)	
For further infor	nation concerning this matter, please call:	: ;
JULIA BELLOI	TEDESCO 407 \$98-1757	
	Name of Person Area Code Daytime Telephone Number	
inclosed is a cho	k for the following amount:	
■ \$25.00 Filin	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy Certificate	ng Fee, of Status &

MAILING ADDRESS: Registration Section -Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURJER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

41900022 73863

(additional copy is enclosed)

Page: 4 08/2/2019

03:21 PM TO:18506176383 FHOM:5612934213

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY DEALERSHIP, LLC			
(Nume of the Lim	ited Liability Company as it in (A Florida Limited Liability (	now appears on our records.) Company)	
The Articles of Organization for this Limited		led on 08/08/2018	and assigned
Florida document number L18000190409	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	oany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			20
			9
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office adoffice adoffice address here:	dress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	STONEBRIDGE DEVE	LOPERS CORP	
New Registered Office Address:	2295 S HIAWASSEE R	1) STE 209	
		Enter Florida street address	
	ORLANDO	, Florid	la 32835
	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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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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>	Address	Type of Action
AMBR	DIEGO DE OLIVEIRA PERES	2113 LAKE DEBRA DRIVE APT 1915	
		ORLANDO, FL 32835	<del></del>
			■ Remove
			☐ Change
AMBR	STONEBRIDGE DEVELOPERS CORP	2295 S HIAWASSEE RD STE 209	Add
		ORLANDO, FL 32835	
			Remove
			☐ Change
AMBR	A&N STAR SERVICES LLC	2109 LAKE DEBRA DR APT3414	<b>■</b> Add
		ORLANDO, FL 32835	
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			Change

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f the robby	ecord spec e 90th day	ifies a delay after the r	yed effective d ecord is filed.	ate, but not a	an effective ti	me, at 12:01 a	i.m. on the ear	lier of:
	RH Y 29			2019				
Date	d		,		. •		_	
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		<u>k</u> ,	Signature of a	( 22 -	red representative		<u>-</u>	

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