



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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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.****

Email Address: INFO@ABK CORP.COM

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19 AUG -2 PM 3:08
SECRETARY OF STATE
FALL BASE

2019 AUG -5 PM 4:37
FILED

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

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11 AUG 05 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY DEALERSHIP, 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:

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)

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For further information concerning this matter, please call:

JULIA BELLONI TEDESCO

407

598-1757

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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 32301

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HA 900022+3063
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INFINITY DEALERSHIP, 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 08/08/2018 and assigned
Florida document number 118000190409

This amendment is submitted to amend the following:

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

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

STONEBRIDGE DEVELOPERS CORP

New Registered Office Address:

2295 S HIAWASSEE RD STE 209

Enter Florida street address

ORLANDO

City

Florida 32835

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIEGO DE OLIVEIRA PERES	2113 LAKE DEBRA DRIVE APT 1915 ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	STONEBRIDGE DEVELOPERS CORP	2295 S HIAWASSEE RD STE 209 ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	A&N STAR SERVICES LLC	2109 LAKE DEBRA DR APT 1414 ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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 JULY 29 2019

Sergio Luis Mata de la Cruz
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

SERGIO LOURENÇO MOTA DA FONSECA

Typed or printed name of signer

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