

L18000190409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

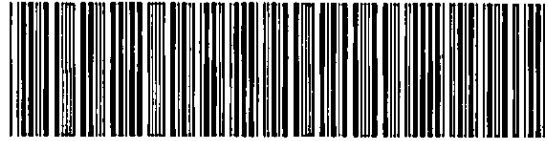
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6209

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07/10/20 -01029 --012 4425.00

2020 SEP -1 PM 5:15

FILED

SEP 01 2020

S. YOUNG



2020 AUG 21 PM 5:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2020

LUCA MARTINS
INVESTPLUS BUSINESS
7901 KINGSPONTE OKWY STE 29B
ORLANDO, FL 32819

SUBJECT: INFINITY DEALERSHIP, LLC
Ref. Number: L18000190409

We have received your document for INFINITY DEALERSHIP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 920A00015980

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:

LUCA MARTINS

Name of Person

INVESTPLUS BUSINESS

Firm/Company

7901 KINGSPONTE PKWY SUITE 29B

Address

ORLANDO FL 32819

City/State and Zip Code

TEAM@INVESTPLUSFLORIDA.COM

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

For further information concerning this matter, please call:

LUCA MARTINS

407

300 2746

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 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 DEALERSHIP LLC

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

2023 SEP -1 PM 1:15

The Articles of Organization for this Limited Liability Company were filed on 08/08/2018 and assigned
Florida document number L18000190409.

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:

INVESTPLUS BUSINESS LLC

New Registered Office Address:

7901 KINGSPONTE PKWY, SUITE 29B

Enter Florida street address

ORLANDO

City

Florida

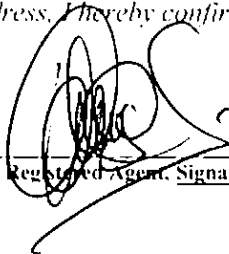
32819

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



MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

F. Effective date, if other than the date of filing: JULY 07th 2020 (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.

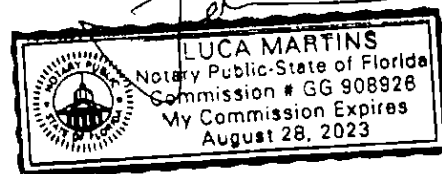
Dated July 07th

2024

Signature of a member or authorized representative of a member

Lucas Silva de Souza

Typed or printed name of signee



Filing Fee: \$25.00