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.

(((H20000081489 3)))



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To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

L&R INFINITY, LLC

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MAR 1 3 2020

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March 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L&R INFINITY, LLC 991 NORTHEAST 36TH AVENUE HOMESTEAD, FL 33033US

SUBJECT: LER INFINITY, LLC

REF: L18000224584

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000081489 Letter Number: 820A00005465

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&R INFINITY, 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 09/21/2018 and assigned Florida document number L18000224584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rence Michelle Toledo, PLLC 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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

?

Title	<u>Name</u>	Address	Type of Action
<u>VP</u>	LORENZO TOLEDO	991 NORTHEAST 36TH AVENUE	
		HOMESTEAD, FL 33033 UN	■Remove
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ord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	r th
ı İx	March 11th 2020	
~и_	12 Oct	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00