119000017272

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800324616288

02/21/19--01024--007 **25.00



1.6:100/0

COVER LETTER

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jon Gilbert
Name of Person
Infinity life labs uc
14391 Hurbour Landings Br. Unit ABSS
Fort Myer's FL 33908 City/State and Zip Code
Jon Gilbert 51 Q Valido. Com E-mail-address: (to be used for future amual report notification)
For further information concerning this matter, please call:
Same of Person at (239) 470 - SF16 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Cit	e labs llc
(A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number <u>L19000017272</u>	pany were filed on $1/15/2019$ and assigned
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 ADDRES.	<u>(S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the ne</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	eent:

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title **Address** Type of Action Name 14391 Harbour Landings Dr. Unit B Fort Myers Fe 33908 Remove MGR Jon Gilbert ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change