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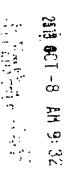
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Office Use Only



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### COVER LETTER

TO: Registration Section Division of Corporations INFINITY CARS & TRUCKS LLC SUBJECT: \_ 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: -EMILY CHIQUINQUIRA ARAUJO DAVILA Name of Person INFINITY CARS & TRUCKS LLC Firm/Company 12102 FAIRMONT MANOR CT Address **TAMPA, FL 33626** City/State and Zip Code ARAUJOEMILY741@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN MORENO 727 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Fifing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 344 C. W

INFINITY CARS & TRUCKS LLC

2413 SCT -8 AM 9:

(Name of the Limited I	iability Company as it now appears on our records. Florida Limited Liability Company)	)
(A)	riorida Limited Elabitity Company)	A MASSET FOR
The Articles of Organization for this Limited Liabi	lity Company were filed on 05/13/2019	and assigned
Florida document number L19000129380		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	(DDRESS)	<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	Δ)	
	<del></del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-		rida
	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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than	the date of filing:		(optic	onal)
If an effective date is listed, the date <b>Note:</b> If the date inserted in thi document's effective date on the	must be specific and cannot block does not meet the	ne applicable statutory	g or more than 90 days after	filling.) Pursuant to 605,0207
ne record specifies a dela The 90th day after the i		but not an effect	ive time, at 12:01 a	i.m. on the earlier of
OCTOBER 1ST	201	19		
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	Alman SS			

Page 3 of 3

Typed or printed name of signee