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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PT Infinite Combinations 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:
Eva Hutchison Name of Person
Firm/Company SG291 Meadowwood Dr. Address
YULCE FL. 32097 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (432 8535 at 1904)
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 & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L190000144419</u> .	were filed on <u>5/36/2019</u> and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	19. South 3rd street				
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach Florida 32934				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	4 Ucc FL. 3209 7				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here					
Name of New Registered Agent:	itchison In Fo				
New Registered Office Address: 8629	Enter Florida street address 550 5				
<u> </u>	Pure Florida 3209 / Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	9 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
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MUR		SLEG Madowweed Dr yulce FL 32097	☐ Remove
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ective	date, if other ve date is listed, the	than the date	of filing:	5/30	2019		(option	nal)		. 05 0305
<u>ite:</u> If t	he date inserted 's effective date	I in this block d	loes not mee	t the applica	ble statutory t	iling require	ements, this	date will i	not be l	isted as
camen	s checive date	. on the Depart	mem or state	e s records.						
	d specifies a	delayed eff	ective dat	e, but not	an effectiv	ve time, a	t 12:01 a.	m. on t	he ea	rlier of
recor	o specifies a th day after	the record	is med.							
The 90	th day after									
The 90	oth day after $3 - 17 - 3$	019		- /-/-	<u> </u>					
The 90	th day after	<u> </u>	11/1							

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Filing Fee: \$25.00