## L19000147925

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## **COVER LETTER**

Division of Cor	porations		
INFINITE I SUBJECT:	BIKINI LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eduardo Lavin		
		Name of Person	
	INFINITE BIKINI LLC		
		Firm/Company	_ <del></del>
	8822 W 34th Ct.		
		Address	-
	Hialeah, FL 33018		
		City/State and Zip Code	
	lavin.eduardo@gmail.com		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Eduardo Lavin		786 355-7583	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

TO:

**Registration Section** 

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

(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number L19000147925	iability Company	were filed on <u>06/04/201</u>	9 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8822 W 34th Ct	
		Hialeah, FL 33018	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		8822 W 34th Ct Hialeah, FL 33018	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent:  Name of New Registered Agent:			s, enter the name of the new regist
Name of New Registered Agent.		·.	
New Registered Office Address:	8822 W 34th C	1, Enter Florida stre	et address
	Hialeah		, Florida 33018
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

INTERNITE DUZING CLC

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

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			□Remove
			□Change
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