49000260072

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

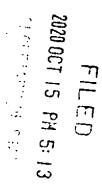
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11/18/20



COVER LETTER

SUBJECT:	Infinity 2425	LLC		
3003201.		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-	-	
Please return	all correspor	idence concerning this matter (to the following:	
		Gerald Simmons		
			Name of Person	
		Infinity 2425 LLC		
			Firm/Company	
		4408 Delwood Lane Suite	15	
			Address	
		Panama City / FL 32408		
			City/State and Zip Code	
		gerald.simmons.infinity@gr E-mail address: (t	nail.com to be used for future annual report notif	fication)
For further i	nformation co	oncerning this matter, please ca	ill:	
Gerald Simi	nons		706 524-5249	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 l	Filing Fee	S30.00 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)
Ma	iling Address	<u>u</u>	Street Address:	

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

Infinity 2425 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 October 16, 2019 Florida document number ______L19000260072 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 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 regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Citv

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 a 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Kelly J Simmons	4719 Bigleaf Lane Panama City FL 32408	Type of Act QC Add Remove
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ective date, if other than the effective date is listed, the date made in this became the date inserted in this becament's effective date on the I	ist be specific and cannot be prior clock does not meet the applic	cable statutory filing requi		
cord specifies a delayed effecti s filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90	th day af
October 6	. 2020) - ·		
	Signature of a member or auth	Myw8m_ norized representative of a m	ember	_
	•	•		

Filing Fee: \$25.00