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COVER LETTER

em rec		HAR INFINITY, LLC.		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	nsed Articles of	Amendment and fee(s) are sub-	hmitted for filing	
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: Christian Sanchelima, Esq. Name of Person Sanchelima & Associates, P.A. Firm/Company 235 SW Le Jeune Rd Address Miarni, Florida 33134 City/State and Zip Code tm@sanchelima.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: sanchelima, Esq. Name of Person at (a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: egistration Section Street Address: Registration Section			
		Christian Sanchelima, Esq	4 -	
			Name of Person	
		Sanchelima & Associates,	, P.A.	
	Firm/Company		Firm/Company	
		235 SW Le Jeune Rd		
			Address	
		Miami, Florida 33134		
			City/State and Zip Code	
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For furthe	er information co		-	a .
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Enclosed	is a check for the	e following amount:		D []
■ \$25.0	00 Filing Fee		Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	क्रिकु &
I I	Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAR HAR HAR INFINITY, LLC.				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000277646</u> . This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	9211 SW 40th St.			
(Principal office address MUST BE A STREET ADDRESS)	Floor 2			
	Miami, FL 33165			
Enter new mailing address, if applicable:	9211 SW 40th St.			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33165			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:				
	. 2			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	r more than 90 da ling requiremen	(optional ys after filing its, this date) g.) Pursuant i	to 605.0207 (3 e listed as th
	n on the earlie	rof:(b) T	he 90th day	y after the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ord is filed.	n. on the curre.			

Typed or printed name of signee