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COVER LETTER

	Cegistration Se Division of Cor		•4		
oun mo		ceside LLC			
SUBJEC	l: <u>,</u>	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	amitted for filing		
			-		
Please ret	urn all correspo	ondence concerning this matter	to the following:	:	
		· ·			
			Name of Person		
		Law Offices of Isaac Benr	nergui, P.A.		
Firm/Company					
	10800 Biscayne Boulevard, Suite 650				
Address					
		North Miami, FL 33161			~.3
			City/State and Zip Code	•	;
		gaonlaw@gmail.com	•		• :
		E-mail address: (to be used for future annual report i	notification)	ر ر ب
For furthe	r information c	oncerning this matter, please c	all:		-
Law Offic	res of Isaac Ber	nmergui, P.A.	305 3978547		Ç
	Name o	f Person		time Telephone Number	ري د
Enclosed	is a check for th	ne following amount:			
€ \$25.0	0 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 Sta Certified Copy (additional copy is en	itus &
Δ	lailing Addres	: <u>%:</u>	Street Address		
F	Registration S	Section	Registration	Section	
Division of Corporations P.O. Box 6327		Division of C			
	'allahassee, l			f Tallahassee roe Street, Suite 810	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

Infinity Lakeside LLC			
(<u>Name of the Limited Liability</u> (A Florida	y Company a Limited Liabi	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Co	ompany wer	e filed on <u>02/03/2020</u>	and assigned
Florida document number L20000039989			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability	company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability C	ompany," the designation "LLC" o	r the abbreviation" L.L.C."
Enter new principal offices address, if applicable:	95	20 Harding Avenue	. i
Principal office address MUST BE A STREET ADDR.	(ESS) Su	iite 1	
	St	ırfside, FL 33154	()
Enter new mailing address, if applicable:	95	20 Harding Avenue	ċò
Mailing address MAY BE A POST OFFICE BOX)	St	nite 1	رن ن
		orfside, FL 33154	
Name of New Registered Agent.	ffices of Isaa	e Benmergui, P.A.	e name of the new regis
New Registered Office Address.	-	Enter Florida street address	
North N	Miami	Pt:	.a., 33161

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.

City

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>	<u>Name</u>	Address	Type of Action
			□ Add
		·	□Remove
			□Change
			
		<u> </u>	□Remove
	•		□Change
			
			☐Remove
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effective da	e, if other than the date ate is listed, the date must be sp late inserted in this block do Tective date on the Departn	ecific and cannot be prior to date of fi oes not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pur ory filing requirements, this date will	suant to 605.0 not be listed
ord specif filed.	fies a delayed effective date	, but not an effective time, at 12:0	OI a.m. on the earlier of: (b) The 90	th day after t
d	June 12		•	•
		ALV		:
	Signa	ture of a member of authorized refree	sentative of a member	
		V /		. ,

Filing Fee: \$25.00