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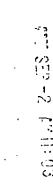
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Co			
subject: Aid	1914 U MEM Name of Lim	PLI TO CIN CL ited Liability Company	isting.Lic.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Infinity 8109 Bri	√ Address	
	E-mail address; (e Infinity (ap	Halvestures LLCO
For further information of	concerning this matter, please ca		g/MM(Com
Hira Name o	Kanaiya.	at (<u>\$13)</u> Z&3 · Area Code Daytim	8411 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on onted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 2/2	24/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited	n the same	<u>, </u>
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
	Canaaa	
Enter new mailing address, if applicable:	Sarve	r
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our record	, '3
agent and/or the new registered office address here:		The state of the s
	6	<u> </u>
Name of New Registered Agent:	and,	
		(.)
New Registered Office Address:	Enter Florida st	east addrage
	imer i arran sa	
	City	, Florida
	C Ni	rap 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>	<u>Name</u>	Address	Type of Action
Member	Hiral Konaiya	8109 Brinegar Ciocle Tampa, FL, 33647	\DAdd
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			🗆 Change
			□Add
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an effective ote: If the	ate, if other than the condition date is listed, the date must date inserted in this bloeffective date on the Department.	pe specific an ck does not	id cannot be pi meet the app	rior to date of fili dicable statuto			ling.) Pursuant to 605.0	
is filed.	cifies a delayed effective							the
ated	3/29/2021			 .				
_	3/29/2021 - FM.	KOG ignature of a	mumber or an	uthorized repres	entative of a mem	ber		
	HIRAL	M	VA	NAY 6	2			
	TILLE	111	LM1	V/11/ F	<i>r</i> •			