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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for fulling annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY PLUS TWO LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

Electronic Filing Menu

Corporate Filing Menu

OCT () - 2.20

To: Page 3 of 6

TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations			
	INFINITY	PLUS TWO LIMITED LIABI	LITY COMPANY		
SUBJECT:	INFINITY PLUS TWO LIMITED LIABILITY COMPANY T: Name of Limited Liability Company				
		Amendment and fee(s) are sub			
Piease return	all correspo	ondence concerning this matter	to the following:		
		Cheyenne Moseley			
	Name of Person				
		Legalzoom.com, Inc.			
		**	Firm/Соправу		
		101 N Brand Blvd 11th Fi			
			Address	<u> </u>	
		Glendale, CA 91203			
		mcpipes@verizon.net	City/State and Zip Code		
		•	to be used for future annual report not	ification)	
For furth er in	nformation c	oncerning this matter, please co	all:		
Cheyenne M	loselcy		800 773-0888		
Name of Person Area Code Daytime T		ne Telephone Number			
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fec	□ \$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)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tailahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY PLUS TWO LIMITED LIABILIT	TY COMPANY	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as H now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L20000225574	Company were filed on 07/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(LESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
CHAIRING GAGINESS DIAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions are also as a second agent and/or the new registered office additional actions.	· · · · · · · · · · · · · · · · · · ·	020 SEC
Name of New Registered Agent:		MAXXX
New Registered Office Address:	Enter Florida street address	From ₹ U
	, Florida	Z Zp Coden
	-	1-

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, Strugture of New Registered Agent

Page 1 of 3

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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

Title	Name	Address	Type of Action
AMBR	KELVIN WILSON		Add
		16140 NIKKI LN ODESSA, FL 33556	■ Remove
			Change
AMBR	Micheal Pipes	16140 Nikki Ln. Odessa, Florida 33556	
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			C Remove
			□ Change
			□ Remove
			☐ Change
			D Add
			☐ Remove
			Change

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Filing Fee: \$25.00