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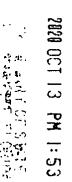
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Office Use Only



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NOV 18 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tofinity Paradise LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jose V. Hernandez Name of Person Infinity Paradise LCC Firm/Company 6465 W 12 th Lane		
Address Hialeah PC 33012 City/State and Zip Code Josephernandez 2015 PLive. com E-mail address: (to be used for future annual report hotification)		
For further information concerning this matter, please call: Tose V. Hernandez at (786) 873-4655 Name of Person Area Code Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
S25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	The name of the limited liability company is: The name of the limited liability company is:
<u> </u>	
SECON	D: The Florida Document number of the limited liability company is: <u>L 2000075708Y</u>
THIRD:	Document to be corrected is:
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	Please Change Title Officer from (P) To (MGR) for Jose Y. Hernandez.
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
!	OR S
	The electronic transmission of the record was defective. 10 2 2020 Signature of Authorized Representative Date
	c of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign the designation).
I hereby provision obligatio	sistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the as of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address. I hereby confirm that the limited liability company has been notified in writing lange.
	Registered Agent's Signature
	Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)