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SECRE LARY OF STATE

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COVER LETTER

	gistration Se rision of Cor			
CUD IPAT.	Infinity Azt	ire LLC		•
SUBJECT:		Name of Limit	ed Liability Company	·
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please returi	all correspo	ndence concerning this matter to	o the following:	
		· .	Name of Person	
			Name of Person	
		Law Offices of Isaac Benme	ergui, P.A.	•
		•	Firm/Company	, ,
		10800 Biscayne Boulevard,	Suite 650	
			Address	
		North Miami, FL 33161		_ :
	•		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
		gaonlaw@gmail.com		
For further i	nformation c	E-mail address: (to oncerning this matter, please cal	be used for future annual report not	oufication)
Law Offices	of Isaac Ber	imergui, P.A.	305 3978547	
	Name o	f Person	Area Code Dayt	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 I	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 Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection.
		orporations	Division of Co	
P.(). Box 632	7	The Centre of	
Та	Hahassee, F	FL 32314 ·	2415 N. Mon	oe Street. Suite 810

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Azure LLC					
(<u>Name of the Limited Lial</u> (A Flo	bility Compa rida Limited	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability	y Company	were filed on $\frac{03/19/202}{}$	1	_ and ass	igned
Florida document number 1.21000115852 •	<u> </u>				
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liab	ility company here:			
		•			
he new name must be distinguishable and contain the words "I	Limited Liabi	lity Company," the designation	on "LLC" or the abbro	eviation "L.	L.C."
Enter new principal offices address, if applicable:		9520 Harding Avenue			
Principal office address MUST BE A STREET AD	DRESS)	Suite 1	<u> </u>	<u>,_~</u>	
		Surfside, FL 33154	7 X	2023	
				N DE	<u> </u>
Inter new mailing address, if applicable:		9520 Harding Avenue	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23 Fg	Γ.
Mailing address MAY BE A POST OFFICE BOX)		Suite I	SS	·· ⊇ 2 9	Ш
		Surfside, FL 33154	in,	7 5	O
		<u> </u>	ر با	110 E 1	•
B. If amending the registered agent and/or registe	red office :	address on our records.	, enter the name		regist
gent and/or the new registered office address here	<u>e</u> :				
Name of New Registered Agent: Lav	v Offices of	Isaac Benmergui, P.A.			
New Registered Office Address: 108	800 Biscayno	e Boulevard, Suite 650			
		Enter Florida stree	t address		
. Not	rth Miami	•	, Florida ³³¹⁶	1	
		City		Zip Code	

New Registered Agent's Signature, if changing Régistered 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	Mémber

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	Remove
	•		□Change
		·	□Add
			□Remove
	·		□Change
	<u>·</u>		
			□Remove
		:	□Change
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			Change
			□Add
			□Remove
	•		□Change
			
		- <u>:</u>	□Remove
			□ Change

If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
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lf an effe <u>Note:</u> 1	ctive date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	June 12
	Signature of a hember of authorized representative of a member
	Ighal Goldfarb Typed or printed name of signee

Filing Fee: \$25.00