LZ1 000123435

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

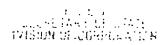
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TO:

Registration Section Division of Corporations

Infinitude C	Clothing LLC		
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Casi Turner		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Infinitude Clot	thing LLC	
		Firm/Company	
	1110 NW 200th Street		
		Address	
	Miami, FL. 33169		
		City/State and Zip Code	
	infinitudeclothing@gmail.c		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Casi Turner		305 7478070 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30,00 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 S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	-
P.O. Box 632 Tallahassee, l		The Centre of T	`allahassee e Street, Suite 810
rationassee, i	L J4J17	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Infinitude Clothing LLC

21 APR 19 PM 3: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 16, 2021 and assigned Florida document number L21000123435 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 551985 Enter new mailing address, if applicable: Miami Gardens, 33055 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

, Florida __

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

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Title	<u>Name</u>	Address 21 APR 19 PM 3: 34	Type of Action
MGR	Vanester Turner	1110 NW 200th Street	🗆 Add
		Miami. FL. 33169	□Remove
			■ Change
AMBR	Daphne Daniel	870 NW 213 Lane Apt. 102	🗆 Add
		Miami, FL, 33169	■Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	AMONDA OF CORP. CONT. 4
	21 APR 19 PM 3: 34

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ective date, if other than the date of filing:	: (optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of Sta	ate's records.
to the state of th	or official and the state of th
s filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
A .	
red April 10	2021
'	
Signature of a ho	ember or authorized representative of a member
Signature of a file	in the second se
Λ_{α}	Typed or printed name of signee