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## **COVER LETTER**

SUBJECT:	INFINITI	HOME SALES LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUSTON, TX 77064  City/State and Zip Code  EFILE 1234@INCFILE.COM  E-mail address: (to be used for future annual report notification)  primation concerning this matter, please call:		
		Address	<del></del>
	HOUSTON, TX 77064		
	-	City/State and Zip Code	
	<del>-</del>		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please c	all:	
LOVETTE DOBSON		! 888-462-3453	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations

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

INFINITI HOME SALES	LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on and assigned
Florida document number L21000217120	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	27
	747
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new regist
gent and/or the new registered office address here:	
	ज् <i>र</i>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, Florida
City	7 in 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
AMBR	GIOVANNY GRISALES	14205 AVONLEA CT	
		ORLANDO, FL 32824	= Remove
			□Change
AMBR	JOSELINE FIGUEROA	1455 ACORN CT.	≅Add
		KISSIMMEE, FL 34744	□Remove
		<del></del>	☐ Change
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fective date, if other in effective date is listed, to te: If the date inserted cument's effective date	he date must be specif I in this block does	fic and cannot be pr not meet the app	licable statutory	g or more than 90 day	(optional) ys after filing.) Pursu ts, this date will no	ant to 605.020 ot be listed a
ecord specifies a delay- is filed.	ed effective date, bu	it not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
		2021	·			
october 22						