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(Daniel and Mumbar)
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ALL INTEGER FLORIDA

DEC 1 2027 S. PRATHIL

COVER LETTER

TO: Registration Sec Division of Corp			
ب. SUBJECT: ما	Indivity Fre	ical Hiability Company	<u>.</u>
	Name of Limit	ted Diability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	,	Hernande Z Name of Person	
	Infinit	Firm/Company	LLC
	_16737_FG	Address Way	
	Odessa_	FL 33556 City/State and Zip Code	
	infinit/fre	De used for future animal seport notif	ication)
For further information co	oncerning this matter, please ca	ill:	
HIIXSY Name of	Henandez Person	at (<u>3/4</u>) <u>363 -</u> Area Code Daytime	- 003 / Telephone Number
Enclosed is a check for th	ne 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 Addres	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Interity 1	treights LLC	<u></u>
/ (Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	2. A
		Z/and assigned
The Articles of Organization for this Limited Liab		2/ and assigned
Florida document number <u> </u>	7460	3 30
This amendment is submitted to amend the follow		7: 70
A. If amending name, enter the new name of t	he limited liability company here:	2: 01 (LG/D)
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the race</u> :	name of the new registered
Name of New Registered Agent:		
	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Josvic Herrandez	16737 Fairbol/ Way	□ Add
		16737 Fairbold Way Odessa, FC 33556	Remove
			Change
			□Add
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			□Change
			□Add
			□Remove
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ctive date, if other than t effective date is listed, the date i e: If the date inserted in this iment's effective date on the	must be specific and c block does not me	annot be frior to de et the applicable	ite of filling or more	(opti than 90 days afte equirements, thi	r filing.) Pursuant to	605. liste
ord specifies a delayed effectiled.	ctive date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (I	b) The 90th day :	after 2022
					-	2022 AUG
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	Signature of a me	ember or authorize	d representative of	a member		
		ember of unmorne			€:	L.