

L21000336775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

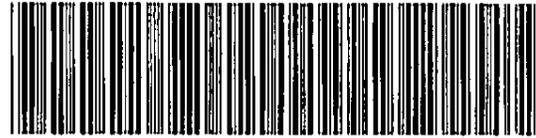
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2021 SEP 21 AM 5:37
SECRETARY OF STATE
CALLAHAN/SECRETARY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infinity Movers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leann Zelaya
Name of Person

infinity movers llc
Firm/Company

1337 Se floresta dr
Address

Port Saint Lucie, FL 34983
City/State and Zip Code

infinitymovingervices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Zelaya at (954) 934-6801
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

Mailing Address:
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

FILED

2021 SEP 21 AM 5:37

Infinity Movers LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 26 2021 and assigned Florida document number L21000336775.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1337 SE floresta dr
Port Saint Lucie, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1337 SE floresta dr.
Port Saint Lucie, FL 34983

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:

Leann Zelaya

New Registered Office Address:

1337 SE floresta dr

Enter Florida street address

Port Saint Lucie Florida 34983

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.

Leann Zelaya

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>	<u>Address</u>	<u>Type of Action</u>
mgr	Axel A TORRES	112 SW 57th St	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mmgr	Miguel Alejandro Zelaya Mejia	1337 SE floresta dr	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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