121000432144

| (Req | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Addi | ress) | |
| (Add | ress) | |
| (City/ | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



60037503947

10/18/21--01009--014

Introduction

COVER LETTER

| Division of Cor | porations | | | | | |
|--------------------------------|----------------------------------------------|-----------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------|--|--|
| | LAGUNA PLACE LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing | | | | |
| | | • | | | | |
| riease return an correspo | ondence concerning this matter | to the following: | | | | |
| | ighal Goldfarh | | | | | |
| | | Name of Person | | | | |
| | Entinity BH Corp. | | | | | |
| | | Firm/Company | | | | |
| | 9520 HARDING AVENUE, SUITE 1 | | | | | |
| | | Address | | | | |
| | SURFISDE, FL 33154 | | | | | |
| | | City/State and Zip Code | | | | |
| | gaonlaw@gmail.com | | | | | |
| | E-mail address: (| to be used for future annual | report notificat | ion) | | |
| For further information c | oncerning this matter, please c | all: | | | | |
| Isaac Benmergui | | 305 39 | 7-8547 | | | |
| Name of Person | | Area Code | Daytime Te | lephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | C. \$55.00 Filing Fee of Certified Copy (additional copy is enc | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address Registration 9 | | <u>Street A</u> Registre | <u>ddress:</u> ation Sectic | on | | |
| Division of C | Corporations | Divisio | n of Corpor | rations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |

Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY LAGUNA PLACE LLC

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

| (A Florida Limited I | Liability Company) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>E21000432144</u> | were filed on | and assig |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| INFINITY LAGUNA PLACE MIAMILLE | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company." the designation "LLC" or th | e 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) | | |
| terming damess har by ATOST OFFICE DOX | | · |
| B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: Name of New Registered Agent: | iddress on our records, <u>enter the n</u> | ame of the new r |
| New Registered Office Address: | | |
| ises registered state Address. | Enter Florida street address | -1 |
| | , Florida | |
| | City | Zip Codes |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and La provided for in Chapter 605, F.S. (| m familiàr w <mark>ith</mark> ()r, if this docum |
| If Chan | iging Registered Agent, Signature of New | Registered Agent |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of A |
|--------------|------|---------|-----------|
| | | | □Add |
| | | | □Remo |
| | | | □Chang |
| | | | □Add |
| | | | □Remov |
| | | | |
| | | | □Add |
| | | | □Remov |
| | | | |
| | | | □Add |
| | | | □Remov |
| | | | □Change |
| | | | □ Add |
| | | | □Remov |
| | | | Change |
| | | | □ Add |
| | | | □Remov |
| | | | □Change |

| | | | | | | -, | | | |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|---------------------------|----------------|----------------------------------|-------------------------------------|-----------------------------------------------|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | ··· | | | | |
| | | | | | | | | | |
| | | | | | - 1- | • | · - | | |
| | · | | | | | | · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | -1=. | |
| 74 | | | | . | | | ·· | | |
| | | | | | | | | | |
| | | | | | <u>-</u> | ·············· | | | |
| | | | - | | | | | | |
| | | | | ,- | | | · 1 | | |
| | | | | | | | | | |
| | | | , | | | | - | | |
| | ; | | | | | | • ,,• | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | - | | |
| n effective i <mark>te:</mark> If the | nte, if other the date is listed, the date inserted in effective date of the d | date must be spin this block d | pecific and closes not inc | cannot be priced the appl | icable statuto | ng or more tha ry filing requ | n 90 days afte | onal) r tiling.) Pursua s date will not | nt to 0 1 be 1 |
| | rifies a delayed | l effective date | z, but not a | m effective | time, at 12:0 | l a.m. on the | earlier of: (b |) The 90th c | lay a |
| | | | | | | | | | |
| is filed. Octob | per 13 | | A· | 2021 | ' | | | | |
| is filed. Octob | per 13 | | -J-: | 2021 | · | | | | |
| is filed. | per 13 | S)_ni | ure of An | | nothed tepress | entative of a n | ember | | |

Filing Fee: \$25.00