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(((H22000394200 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : ARMANDO TAXES LLC

Account Number : 120200000170 Phone

: (305)803-4427 Fax Number : (305)402-6230

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ARMANDO@armandotoxes.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITEFLOWDESIGN LLC

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COVER LETTER

TO:	Registration S Division of Co	ection rporations	<i>P</i>	月22000394200			
SHRIE	INFINITE	FLOWDESIGN LLC		`			
SUBJE	k-li <u></u>	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		ARMANDO VASQUEZ					
			Name of Person				
		ARMANDO TAXES LLO					
			Firm/Company				
		5721 NW 112TH AVE AF	PT :08				
			Address				
		DORAL, FL 33178					
		 	City/State and Zip Code				
		ARMANDO@ARMANDO	TAXES.COM to be used for future annual report				
For furth	er information co	oncerning this matter, please ca		nonseator.)			
ARMAN	IDO VASQUEZ		305				
· -	Name of	Person	at ()	ytime Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	♥ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
ŀ	Mailing Address Registration S	ection	Street Address Registration	Section			
Division of Corporations		Division of 0	Corporations				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: AMMENDMENT AMMENDMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H22000394200

INFINITEFLOWDESIGN LLC		
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our recorded Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/11/2022	and seeigned
Florida document number L22000071422		8 7
This amendment is submitted to amend the following:		177
A. If amending name, enter the new name of the li	mited liability company here:	FD PH 4: 35 OF STATE SEE, FL
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>ente</u> ::	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	253
		lorida
	Сіцу	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 or removed from our records:

MGR = Manager AMBR = Authorized Member H22000394200

Title	<u>Name</u>	Address	Type of Action
AMBR	JOSE L, MORIN	9480 NW 41 ST, 108 DORAL, FL 33178	[] Add
			□Remove
			■ Change
MGR	RENE W. GUIM, L.L.C.	888 BRICKELL KEY DRIVE SUITE 2706	\ Add
		MIAMI, FL 33131	□Remove
			CTChange
			□Add
			□Remove
			ClChange
			
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		
			[]Remove
			□Add
			□Remove
			O Channe

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Page: 5 of 5

D. If any adding any other information and a change (About)	H22000394200
D. If amending any other information, enter change(s) here: (Attach additional sheets, ij necessary:)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.6207 (3)(b statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, ecord is filed.	at 12:01 n.m. on the earlier of: (b) The 90th day after the
Dated NOVEMBER 18 2022	A
(forfiis Wom -	<u> </u>
Signature of a member or authorized	i representative of a memoer
JOSE L, MORIN Typed or printed na	me of signee