# Florida Department

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(((H23000407006 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAXPEOPLE LLC

Account Number : I20200000160

Phone

: (772)460-1000

Fax Number

: (772)777-3071

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINTY LOGISTICS LLC

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#### **COVER LETTER**

(((H23000407006 3)))

TO: Registration Section Division of Corporations INFINTY LOGISTICS LLC SUBJECT: 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: CLAUDIO TOLEDO RIBEIRO Name of Person TAXPEOPLE, LLC Firm/Company 2855 SW BRIGHTON ST Address PORT LUCIE, FL 34953 City/State and Zip Code info@taxpeoplefl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudio Toledo Ribeiro Name of Person Daytime Telephone Number Enclosed is a check for the following amount: 1 \$25.00 Filing Fee □\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Starus & (additional copy is enclosed) 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 ((H23000407006 3))) OF

#### INFINTY LOGISTICS LLC

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

77k - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
The Articles of Organization for this Limite Florida document number L22000128025	d Liability Company were filed on	3/14/2022	<u> </u>
Florida document mumber 1,22000128023		8	and assign
This amendment is submitted to amend the t	following:	; ·	
A. If amending name, <u>enter the new name</u>	of the limited liability company here:		
INFIN	NITY LOGISTICS USA	A LLC	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the desig	nation "LLC" or the abbrevis	tion "E.L.C."
Enter new principal offices address, if appl			
Principal office address MUST BE A STRE			
THE MAN TO STATE ASTRO	ET ADDRESSI		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
3. If amending the registered agent and/or	registered office address on our recoress here:	ds, enter the name of the	
3. If amending the registered agent and/or gent and/or the new registered office addre	ess pere:	ds, enter the name of the	023
3. If amending the registered agent and/or	registered office address on our recoress here:  TAXPEOPLE LLC	ds, enter the name of the	023 HOV
3. If amending the registered agent and/or gent and/or the new registered office addre	TAXPEOPLE LLC  2855 SW BRIGHTON ST		023
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	TAXPEOPLE LLC		023 NOV 29
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	TAXPEOPLE LLC  2855 SW BRIGHTON ST	treet address	023 NOV 2
3. If amending the registered agent and/or gent and/or the new registered office addressed agent:  Name of New Registered Agent:	TAXPEOPLE LLC  2855 SW BRIGHTON ST  Enter Florida s  PORT ST LUCIE  City	treet address , Florida 34953	023 NOV 29 PH

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

(((H23000407006.3)))

Title	Name	Address	Type of Action
AMBR	HENRIQUE DE SOUZA		THE PERSON NAMED IN COLUMN 1
<del></del>		1213 FOREST GATE CIRCLE	□Add
· .		HAINES CITY, FL 33844	XRemove
			□ Change
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