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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

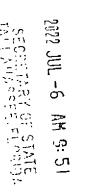
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## **COVER LETTER**

TO:

**Registration Section** 

Division	of Corp	orations	41					
	nite Hom	ne Solutions LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.					
Please return all c	correspon	dence concerning this matter	to the following:					
		Vincent J. Duggan						
			Name of Person		-			
		Infinite Home Solutions	LLC					
			Firm/Company	<u> </u>	-			
		1520 NE 34th Street						
		<del></del>	Address		2022 55 1*:			
		Cape Coral, FL 33909			2022 JUL-6 SECRETAR TALLAUNES			
		vinny@infinitehomesoluti	City/State and Zip Code		144.5			
		, -	to be used for future annual report ne	otification)	AM 9: 5			
For further inforn	nation co	ncerning this matter, please ca	all:		1975 1976 1976 1976 1976			
Vincent J. Dugg	gan, MGI	२	239 284-3446	5				
	Name of	Person		ime Telephone Numbe	r			
Enclosed is a che-	ck for the	following amount:						
■ \$25.00 Filing	g Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &			
	Address:		Street Address: Registration S	Section				
Division of Corporations			Division of Corporations The Centre of Tallahassee					
	ox 6327 assee, Fl	L 32314		roe Street, Suite 8	310			

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinite Home Solutions LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_05/04/2022 and assigned 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 "LL.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) 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: New Registered Office Address: Enter Florida street address City 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 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>	Address	Type of Action
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