## L22000267745

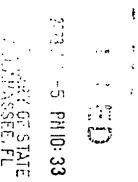
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Special Instructions to Filing Officer:

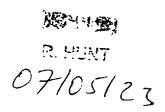
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	÷	•	
SUBJE	CT:		-			
		Name of Limit	ed Liability Company			
The en	closed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspon	ndence concerning this matter t	o the following:			
		PAUL FRANSON				
			Name of Person	<u> </u>	-	
		LEDGERPLUS				
			Firm/Company		-	
	150 SOUTH UNIVERSITY DRIVE STE C					
			Address		- 2-	
		PLANTATION, FLORIDA	33324		등 5 5 :	· ·
	City/State and Zip Code				PH 10: 33 OF STATE SEEL FL	ran Lan
PFRANSON@LEDGERPL			USCPA.COM o be used for future annual report notific	ation	D: 3	
				ationj	· <sub>m</sub> ·ω	
		oncerning this matter, please ca				
PAUI.	. FRANSON		954 472-9144 at ()			
	Name o	f Person	Area Code Daytime T	lelephone Numbe	1	
Enclos	sed is a check for the	ne following amount:				
□ s:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	Mailing Addres		Street Address: Registration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

DR, M HEALTH LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L22000267745	were filed on JUNE 13, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
INFINITY REAL ESTATE OF SOFLO LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. व्ह
		· (
Enter now mailing address if applicables		UN PROCES
Enter new mailing address, if applicable:		OCC O III
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new register
New Registered Office Address:	Enter Florida street add	fress
	,	Florida
	-	, , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr 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, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			PAGChañge, SSTATE  OAdd
			FL BAdd
			Remove
			□ Change
			Remove
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior ck does not meet the applic	able statutory filing r	(optional) than 90 days after filing. equirements, this date	) Pursuant to 605.02 will not be listed
cord specifies a delayed effective			the earlier of: (b) The	ie 90th day after th
s filed.				•
ned JUNE 29	2023			
11) (0/04)	1/ 1/10	_		
	Signature of a meluber-of auth			

Filing Fee: \$25.00