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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Infinite Builds LLC
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:
Christina Wellington Name of Person
Infinite Builds - LLC.
Po Box 7852-
Port Sunt Lucie FL 34985. City/State and Zip Code
Infinite builds 92 @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Wellington at (860) 268-0728 Area Code Daytine Telephone Number
Enclosed is a cheek for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		FOLL WAS TO AUTO
Infinite Bui	lds LLC	<u> </u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on I Liability Company)	our records.)
	lule	15,2022
The Articles of Organization for this Limited Liability Compar	iy were filed on	and assigned
The Articles of Organization for this Limited Liability Compar Florida document number 122000 300 846	i circtiliza	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C"
The new name and oc distinguishable and contain the words.	,,,,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	··	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our recor	rds, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:		
N		
Name of New Registered Agent:	<u>-</u> .	
New Registered Office Address:	Enter Florida :	and the same
	r,mer r tortaa s	Su cet uauress
		, Florida
	Circ	2.ip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christina Welli	PO BOX 7852	5 CAdd
			□Remove
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cee .	ve date, if other than the date of filing: $5-8\cdot22$ (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the led.
Dated	8.8.22
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00