Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

**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 INFINITY GROUP INVESTMENTS & SERVICES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

PH 4:52

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Help T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY GROUP INVESTMENTS & SERVICES LLC

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

(117001211211111111111111111111111111111	, , , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Company v	vere filed on 07/20/22	and assigned
The Afficies of Organization for this Emilieur Calomy Company		
Florida document number L22000323024		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili-	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
17 megat vijite aanse 1		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		777
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. If amending the registered agent and/or registered office a	ddress on our records, enter the <u>na</u> i	
agent and/or the new registered office address here:		ILED 17
Name of New Registered Agent:		
		92.5
New Registered Office Address:	Enter Florida street address	- 51
	121 - siska	
	, Florida, Florida	Zip Code
N. D. Carlot J. A M. Cimatona if shanning Degictored Agent:	•	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and complete	performance of my auties, and i an	r jamutar wun ana r-if this document is
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	address, I hereby confirm that the l	imited 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
AMBR	JAMERSON ACIOLI COSTA	60 SW 13th street apt 242	22 _{. ⊠Add}
		Miami, FL 33130	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			DChange
			□Add
			□Remove
			🗆 Change
			□Add
			Remove
			□Change
	<u> </u>		🗆 Add
			□Remove
			□Change

	Signature of a me	the Tak	 ed representative	of a member		
Dated August 16	·	2022				
the record specifies a delayed effective cord is filed.	e date, but not an	effective time	, at 12:01 a.m. c	n the earlier of: (b) The 90th day	y after the
Note: If the date inserted in this block document's effective date on the Do	ick does not nied	t the applicabl	e statutory filing	requirements, th	is date will not b	e fisted as (
Effective date, if other than the (If an effective date is listed, the date mus	date of filing: the specific and ca	nnot be prior to t	late of filing or mo	re than 90 days afte	ional) r filing.) Pursuant	to 605.0207
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