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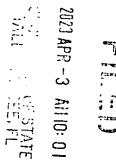
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	INFINITY HOMES LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	JAVIER SERRANO		
		Name of Person	
	BLESSED INFINITY HO	MES LLC	
		Firm Company	
	8759 HAMPDEN DR		
	- · · · · · · · · · · · · · · · · · · ·	Address	
	TAMPA, FL 33626		52 20
		City/State and Zip Code	23 AF
	E-mail address: (to be used for future annual report notification)	- : : : : : : : : : : : : : : : : : : :
For further information c	concerning this matter, please c	all:	•
JAVIER SERRANO		813 4398574	AH 10: 0
Name o	f Person	Area Code Daytime Telephone Num	
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif) Filing Fee, licate of Status & lied Copy onal copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSED INFINITY HOMES LLC

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

(A Florida Limited	d Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 11/03/2022 Torida document number L22000473086		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the designation "LLC" o	r the abbreviation 1.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		ω "		
		AHIO:		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	e address on our records, enter th	e 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			
	, Flori	da		
	City	Zip Code		
New Registered Agent's Signature if changing Pegistered Agen	.			

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>	<u>Address</u>	Type of Action
AMBR	ALEXANDER VASQUEZ	1516 WEAVER DR LUTZ, FL 33559	= Add
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			□Change
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E. Effective date, if other th	an the date of fil	ing:		(option:	al)	
(If an effective date is listed, the <u>Note:</u> If the date inserted i	n this block does no	it meet the applica				
	in the Department o	of State's records.				
document's effective date of					The 90th day	after the
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If the record specifies a delayed record is filed.	Signature of	a member or autho	rized representative of	a incinber	TALLA:	2023 APR - 3 AH In: n