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Florida Department of State
Division of Corporations
Electronic Filing Gateway

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXLEAF.COM INC
Account Number : 1201400000004
Phone : (305)527-6617
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFINITY REVOLUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2023 AUG 11 PM 5:00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

2023 AUG 11 AM 9:17

2023 AUG 11 AM 9:17

APPROVED
AND
FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY REVOLUTION 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 1-19-23 and assigned
Florida document number L23000035695.

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 "L.L.C."

Enter new principal offices address, if applicable:

501 NE 31ST ST APT 2308

(Principal office address **MUST BE A STREET ADDRESS**):

MIAMI, FL 33137

Enter new mailing address, if applicable:

501 NE 31ST ST APT 2308

(Mailing address **MAY BE A POST OFFICE BOX**):

MIAMI, FL 33137

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:

CAMEROTA, CAMILA B

New Registered Office Address:

501 NE 31ST ST APT 2308

(Enter Florida street address)

MIAMI

Florida

City

33137

Zip 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	CAMEROTA, CAMILA BELEN	501 NE 31ST ST APT 2308	☒ Add
		MIAMI, FL 33137	☐ Remove
			☐ Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 11TH 2023

Signature of a member or authorized representative of a member

CAMILA CAMEROTA

Typed or printed name of signer

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