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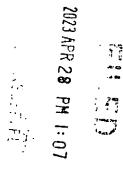
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	alth Structure, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Mack		
		Name of Person	
	Infinite Wealth Structure, I	LLC	
		Firm/Company	
	66 W. Flagler St Suite 900		
		Address	
	Miami, Fl 33130		
		City/State and Zip Code	
	Info@infinitewealthstructur		
For further information c	eoncerning this matter, please c	to be used for future annual report no all:	otification)
Christopher Mack		305 3961049	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	ru 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinite Wealth Structure		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
ne Articles of Organization for this Limited Liability Comp	pany were filed on 01/24/2023	and assigned
orida document number L23000045333		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2023 1
Principal office address MUST BE A STREET ADDRES.	<u></u>	P 11
		T
nter new mailing address, if applicable:		(1); (1) (1); <u>—</u> (1);
Aailing address MAY BE A POST OFFICE BOX)		<u> </u>
	-	
If amending the registered agent and/or registered of	fice address on our records, <u>enter</u>	the name of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
		lorida
	City	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 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	Brandon Bruce	66 W. Flagler St Suite 900	■Add
		Miami, Fl 33130	□Remove
			□Change
			Remove
			□Change
			□ Add
			Remove
			☐ Change
			□Add
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			Change
			□ Add
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			Change
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becoment's effective date on the	ust be specific and block does not m	cannot be prior a	o date of filing o	or more than 90 d	_ (optional) ays after filing.) I nts, this date w	Pursuant to 605.0207 ill not be listed as t
record specifies a delayed effect is filed.	ve date, but not	an effective tir	ne, at 12:01 a.	m. on the earlie	er of: (b) The	90th day after the
ated April 24th						
	Chi Tiple Signature of a r	_ m.	Men	4		
 <u></u>	Signature of a r	nember or autho	rized representa	tive of a member		
	Signature of a f.	inclinate of audio	. ш. т.	ii. o oi a mombo		

Filing Fee: \$25.00