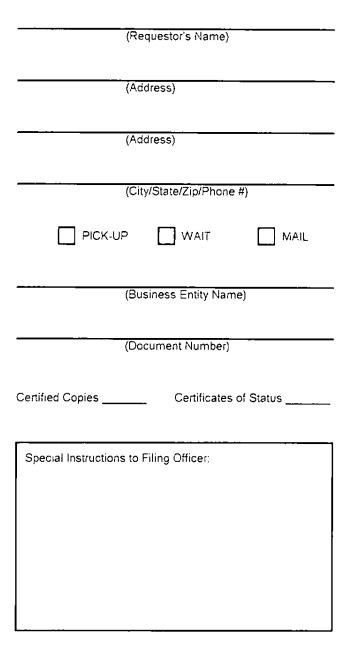
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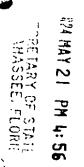
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: TAGO	Name of Limit	Somen + ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Nofcesan	Mughid Name of Person	
		Firm/Company	
	3088 Harpe	Address Dr	rive
· -	Tallahasse	ee FL 323 City/State and Zip Code	, <u>0</u> ₹
-	E-mail address: (to	o be used for future annual report noti	fication)
For further information conc	erning this matter, please ca	dl:	
Nafee San Name of Pe	Mujania	at (<u>860</u>) <u>322</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fec	S30.00 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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Develop	nent LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000539872</u> .	were filed on $12 5 2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liability".	bilders LLC
Enter new principal offices address, if applicable:	\$ 202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21 PH 5: 06
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
}		<u> </u>	□Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			DAdd
			□ Remove
			70

	
(If an o	ctive date, if other than the date of filing:
he record is	ord 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 filed.
Date	d May 21 2024
	My Signature of a member or authorized representative of a member
	National Milahia