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18. HUNT 13/06/24

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: Infinity	Homes Gr Name of Limited Liab	OUP LLC	
The enclosed Articles of Amendmen	t and fee(s) are submitted for	or filing.	
Please return all correspondence con	cerning this matter to the fo	ollowing:	
	Brea G	ame of Person	
<u> </u>	Infinity Hor	nes Group LLi irm/Company	<u>C</u>
_7	92 Gentry	St. Biloxi M	15 39532
<u></u>	City/S nfinity home of E-mail address: (to be use	state and Zip Code GOOD OUT d for future annual report notific	cation)
For further information concerning t	his matter, please call:		
Brea Griddie	<u> ~</u>	at (816) 855 Area Code Daytime	7 - 1688
value of t cison		rica code Dayinic	receptione Number
Enclosed is a check for the following			
\$25.00 Filing Fee \$30.0 Cert	tificate 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinity Hor	nes Group	LLC		
(Name of the Limited Liability (A Florida	y <u>Company as it now appéa:</u> Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000908</u>	ompany were filed on $\frac{2}{47}$	21 Feb 202	4	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	ere:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the d	lesignation "LLC" or th	e abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		.	1
	-		· -	7.4
			<u>:</u>	置
Enter new mailing address, if applicable:			-	1: 2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		22
				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the n</u>	ame of	the new registered
Name of New Registered Agent:				
New Registered Office Address:	Entar Ela	rida street address		
	Enter Plo	rwa sireei aaaress		
	City	, Florida		ip Code
	City		L	y coue

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

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
<u>AMBR</u>	Jamila Griddine	792 Gentry St, Biloxi 18	MAdd
		34532	□Remove
			Change
			□Add
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		-	- 13
ive date, if other than the date of filing: A March 20. fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	days after fi	ling.) Pw	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	lier of: (b)	The 90	th day a
25 March , 202A.			
Signature of a member or authorized representative of a member	Det		
Breg Griddine			

Filing Fee: \$25.00