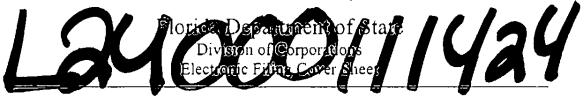
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500 : (954)761-8475 Fax Number

**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 RESIGNS INFANTE DEVELOPMENT - NELSONS DINER, LLC

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Electronic Filing Menu Corporate Filing Menu

I. LEMIEUX

H24000094221

ARTICLES OF AMENDMENT TO

ARTICLES OF	ORGANIZAT	ION	
y)F		*
INFANTE DEVELOPME			
(Name of the Limited Liability Comp (A Florida Limited	Limbility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	03/04/2024	and assigned
Florida document number <u>L24000111424</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>-e</u> :	
INFANTE DEVELOPMENT II, LLC			Shawiation W. J. C."
The new name must be distinguishable and contain the words "Limited Liab	dity Company," the de	signation "L.L.C." or the a	buteviation C.C.C.
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRESS)	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			202
B. If amending the registered agent and/or registered office	address on our re	cords, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office address here:			·公文 - F
N 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			j위 골 <u>Ⅲ</u>
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Eurae Mari	da street address	<u> 3</u>
	Guer Fibri		
	City	, Florida	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

H24000094221
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
			□Remove
			Change
			DAdd
			□Remove
			□Change
			DAdd
			Remove
			□ Change
			□Add
			□Change
			□Add
			□Remova
			□Remove
			□Change

H24000094221

D. If amending any other informat	don, enter change(s) here: (At	ttach additional sheets, if necessary.)
 		
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E. Effective date, if other than the configuration of the date is listed, the date must Note: If the date inserted in this bloedocument's effective date on the Department.	ok does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(natulory filing requirements, this date will not be listed us the
The record specifies a delayed effective ecord is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dared MARCH 11	2024	
	Christins P. Christins P. Christins P. Christins P. Christins P. Christins P. Christian P. Chris	Gates, Eg.
	ignature of a member or authorized to	oprosentative of a member
CHRISTINE	E P. YATES, ESQ, AUTH	HORIZED REPRESENTATIVE
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