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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC [*]		Y VENTURES LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		JOHN CARLOS ROMAN	O PEREZ	
		POPEREZ Salition Corporations		
			Firm/Company	Incompany Address Interest Address Street Address Registration Section Division of Corporations
			Address	
		4931 ALITA TERRACE		
		SAINT CLOUD, FLORIDA	·	
				tification)
For furthe	r information c	oncerning this matter, please c	all:	
JEAN CA	RLOS ROMA	NO PEREZ		1
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	O Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<u>Mailing Addres</u> Registration S			ection
Ι	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Fallahassee, F			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC INFINITY VENTURES LLC			
(Name of the Lin	nited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited florida document number L24000248469	Liability Company were filed on	MAY 30 2024 and assigned	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	202:	
		fig.	
		; ** *>	
· · · · · · · · · · · · · · · · · · ·		i.e.—	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFIC	<u> </u>	N	
	** **		
gent and/or the new registered office add		records, <u>enter the name of the new regist</u>	
Name of New Registered Agent:	JEAN CAKEOS KOMANO LEKEZ		
New Registered Office Address:	4931 ALITA TERRACE		
	Enter F	loridu street address	
	SAINT CLOUD	, Florida ³⁴⁷⁵⁹	
	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 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

Title	Name	Address	Type of Action
AMBR	JEAN CARLOS ROMANO PERF.	4931 ALITA TERRACE SAINT CLOUD EL 34759	
			□ Kemove
			Change
AMBR	JOHN CARLOS ROMANO PERI	4931 ALFEA TERRACE SAINT CLOUD FL 34759	
			₩Remove
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			□Add
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ffective date, if other the an effective date is listed, the dote: If the date inserted in ocument's effective date of	this block does not i	meet the applicable	ate of filing or more the statutory filing req	ian 90 days after filing, uirements, this date	Pursuant to 605,0207 will not be listed as
record specifies a delayed (f is filed.	effective date, but no	t an effective time.	at 12:01 a.m. on th	e earlier of: (b) Th	e 90th day after the
ated JULY 24		. 2024			
	Supring of 1	member or authorize	ano fo	<u>QZ</u>	
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