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COVER LETTER

O: Registration Section Division of Corporations				
UBJECT: INFINITY MEATS, LLC				
Name of Limited Liability Company				
the enclosed Articles of Amendment and fee(s) are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
DIANA NARANJO Name of Person				
INFINITY MEATS, LLC				
t title company				
WELLINGTON, FL 33414 City/State and Zip Code				
Address				
WELLINGTON, FL 33414				
City/State and Zip Code				
infinity meats sales egrail. Con Equal address: (to be used for future and ual report notification)				
for further information concerning this matter, please call:				
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DIANA NARANJO at 954, 8682954 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee \$ □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing Address: Street Address:				

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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 MEATS	, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400290224</u>	were filed on $06/2$	27/2024 and assigned
Florida document number <u>LZ90029022</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	. 2
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	,	
Enter new mailing address, if applicable:	N/A	∷ <u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)		-::- <u>~</u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	. enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida stree	4 address
	Ci	Florida
	City	Zip Conte

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>	<u>Name</u>	Address 14239 Hossestoe Tece	Type of Action
MGR	DIANA NARANTO	Address 14239 HORSESHOE TECE WELLINGTON, FL 33414	(V :\rdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00