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COVER LETTER

TO:	Registration Se Division of Cor			:,	
		Y CHARTER LLC		•	
SURJU	RCT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		CRISTINA TEIXEIRA			
			Name of Person		
		2A INTERNATIONAL T	AX ADVISORS LLC		
			Firm/Company		- . 23
		1001 BRICKELL BAY DI	R STE. 2406		TALL BOAL BOAL
			Address	<u> </u>	
		MIAMI, FL. 33131			
			City/State and Zip Code		R 10
		CORPORATESERVICES	=		- က က
		E-mail address: (to be used for future annual report not	ification)	,, =-
For fur	ther information co	oncerning this matter, please c	ail:		
CRIST	INA TEIXEIRA		305 330-1581		
	Name of	f Person		ne Telephone Numb	er
Enclos	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, H	Section orporations 7	Street Address: Registration Se Division of Co. The Centre of 7 2415 N. Monro Tallahassec, FI	rporations Fallahassee oe Street, Suite	810

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

IR INFINITY CHARTER L.I.C.

(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compan	by were filed on $\frac{08/23/20}{1}$	24	and assigned
Florida document number L24000371447			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
JB INFINITY LLC			
The new name must be distinguishable and contain the words "Limited Lial	hility Company," the designa	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		U_	20
		326	ch
			<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			ု <u>ဟု</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		, , ,	
Name of New Registered Agent.			A
New Registered Office Address:	 Enter Florida str	eet address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent			

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 Apont	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
			□Add
			□Remove
			□Change
		**************************************	□Add
			□Remove
			☐ Change
			□Add
		·	□Remove
			□Change
			□Add
			□ Remove
			□Change
			. □Add
		···	Remove
			Change
			□Add
			□Remove

Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effec <u>Note:</u> If	e date, if other than the date of filing:
ne 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
Dated	Jul 16, 2025
	10 to the fire P.
	Signature of a member or authorized representative of a member

Typed or printed name of signer