Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (407)205-0002 Fax Number : (866)704-9120

\*\*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 RESIGN INFINITY ARIES LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Section Division of Corpora			
CL:D11	Vol.	INFINITY AR	IES LLC	
SOBJE	ECT:	Name of Lin	ited Liability Company	
		endment and fee(s) are sub	•	
		BELKIS YA	DIRA SANTAMARIA CHALEN	
	-		Name of Person	, <u></u>
		NI	FINITY ARIES LLC	
	-		Firm/Company	
		52	39 POINSETTA AVE	
	-	-71.180	Address	
		W	NTER PARK, FL 32792	
	-	PROCES	City/State and Zip Code SINGFORMS@SCTS1040.COM	
	_		to be used for future annual report notif	ication)
For fur	ther information conce	rning this matter, please o	all·	
SAND	RA DANIS RAMOS		407 205-0002	
	Name of Per	 son	407 205-0002 at () Area Code Daytime	· Telephone Number
Enclose	ed is a check for the fo	llowing amount:		
□ \$2	5.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	ion	Street Address:	otion

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

FILED
LUZA NOV 15
TALLAHASSEL FLORIS.

INI	FINITY ARIES LLC	TALLAHADAY " S: 07
(Name of the Limite	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	TALLAHASSEL FLORID.
The Articles of Organization for this Limited Lia Florida document number L24000456350	bility Company were filed on 10/28/2024	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		er the name of the new registered
Name of New Registered Agent:	BELKIS YADIRA SANTAMARIA CHALEN	<u> </u>
New Registered Office Address:	5239 POINSETTA AVE	
	Enter Florida street add	
	WINTER PARK City	Florida 32792 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.

Belkis Gadira Santamaria Chalen, If Changing Registered Agent, Signature of New Registered Agent To: null , . . Page: 4 of 5 2024-11-15 16:28:46 GMT 18667049120 From: Sandra Danis Remos

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
AMBR	SANTAMARIA, BELKIS F	5239 POINSETTA AVE	□Add
		WINTER PARK, FL 32792	<b>≡</b> Remove
		5239 POINSETTA AVE	□Change
AMBR	BELKIS YADIRA SANTAMARI/	WINTER PARK, FL 32792	■Add
			□Remove
			TASS Change T
			THE PERSON IN
			TORenMire S
			□Change
			□Add
		<u></u>	□Remove
			□Change
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			□Add
		<del></del>	□Remove
			□Change

Page: 5 of 5

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Effective date, If other than the date of filing:  11/15/2024  (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 605.0267  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated  November, 15th  2024  Bolkin Gadina Santamaria Chalon,			
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