PB8000045659

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE INFINITY GE	ROUP INTERNATIONAL	CORPORATION	
DOCUMENT NUMB	ER:			
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	NESLY CASTOR			
•		Name of Contact Person		
	INFINITY FINANCIAL COF	RP		
•		Firm/ Company		
	5580 8TH ST W UNIT 10			
•		Address		
	LEHIGH ACRES FL 33971			
	City/ State and Zip Code			
	NESLY@INFINITYGIC@COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information NESLY CASTOR	n concerning this matter, pleas	se call:	989-8057	
		at (_)	
Name c	of Contact Person	Area Coc	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Incorporation

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name o</u>	of Corporation as currently	y filed with the Florida Dept. of State)	
P08000048659			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new na INFINITY FINANCIAL CORP	ame of the corporation:	TL	e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp." "Inc." or "Co". 2	company," or "incorporated" or the abbreviation "C 4 professional corporation name must contain the	Corp.,"
B. Enter new principal office address, if applicable:		NESLY CASTOR	
(Principal office address MUST BE A S		709 TROY AVE S	
		LEHIGH ACRES, FL 33974	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME 2020 FEB	
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	N/A	हिन्स	5
	N/A		
	(Florida sti	reet address)	
New Register <u>ed Office Address:</u>	N/A	, Florida N/A	
		(City) (Zip Code	')
New Registered Agent's Signature, if of thereby accept the appointment as registered.	hanging Registered Agent tered agent. : am familiar	t: with and accept the obligations of the position.	
	Signature of New F	Registered Agent, if changing	
Check if applicable			

i amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
	
E. If an amandment provides for an avel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) adoption:date this document was signed.	F1101	, if other than the
_	Mp3 (no more than 90 days after amendment file da	
•	(no more than 90 days after amendment file da	(te)
Note: If the date inserted in this block does not document's effective date on the Department of S		ents, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
■ The amendment(s) was/were adopted by the in action was not required.	corporators, or board of directors without shar	cholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The follo roup entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by N/A	."	
(votin	g group)	
Dated	must J	
	ent or other officer - if directors or officers ha	ve not been
	porator - if in the hands of a receiver, trustee, (
<u></u>	yped or printed name of person signing)	
x PZ	esisont.	
	itle of person signing)	