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PICK-UP WAIT	MAIL
(Duninger Entity Name)	
(Business Entity Name)	
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PILL PH 1: 1:
SECRETARY OF STATE

C. GOLDEN
JUN 1 8 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FC INFINITY COPP					
D. 20 0/2 22 110					
DOCUMENT NUMBER: P180 COO 28 770					
The enclosed Articles of Amendment and fee are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
Karolina Torres					
Name of Contact Person					
KTOMES Services Corp Firm/ Company					
Learneld Beach, A 33441 City/State and Zip Code					
Address					
surpeld beach, 16 33441					
City/ State and Zip Code					
Ktomes@ Ktomes zervices com					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
Name of Contact Person Tomes at (561) 562-0814 Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
inclosed is a check for the following amount made payable to the Florida Department of State:					
į.					
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status					
(Additional copy is Certified Copy					
enclosed) (Additional Copy					
is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 JUN 15 PM 1: 12

FC Tobrity forth		TARY OF STATE
(Name of Corporation as	currently filed with the Florida Dept. of State)	TABBEETT COMB
PIRANNOZRZID		
(Document N	ember of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c." or "Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		
	·	 -
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
(F	orida street address)	
New Registered Office Address:	, Florida	
	(City) (Z	(lip Code)
New Registered Agent's Signature, if changing Registere	Agent:	
I hereby accept the appointment as registered agent. I am f		n.
Signature o	f New Registered Agent, if changing	_

If 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.

Example: X Change	<u>PT</u>	<u>John D</u>	<u>00e</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	·	—
Add Remove				
2) Change	5	_	Luiz F Ferreira	100 Boyview or stc 1915 Junny Isles Beach, FL
Add Remove				33160
3) Change	-	_		
Add				
Remove				
4) Change				
Add				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
all A
_ 10 [7]

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the pands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Hal Rocha (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	