## P19000040114

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	INFINITE PROSPI	ERITY INC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P190	000040114		
The enclosed Articles of Amendo		bmitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
RUSSELI	. G. JOHANNSEN		
	• • • •	Name of Contact Person	n
INFINITE	PROSPERITY IN	С	
•		Firm/ Company	<del></del>
821 NE 16	TH PLACE		
		Address	
FORT LA	UDERDALE, FL	33305	
<del></del>		City/ State and Zip Cod	е
russjohannsen@	gmail.com		
E-ma	il address: (to be us	ed for future annual report	notification)
For further information concerning	ig this matter, pleas	e call:	
RUSSELL JOHANNSEN	•	954 at (	560-1311
Name of Contact	at (954 ) 560-1311  ct Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	artment of State:
	.75 Filing Fee & tificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

INFINITE PROPSPERITY INC.

INFINITE FROI SPERITT INC			
(Name of Corporation as currently f	led with the Florida Dept. of State		
P19000040114			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitis</i> Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amer	ıdment(s)
A. If amending name, enter the new name of the corporation:			
INFINITE PROSPERITY INC		TL.	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name		ation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 AUG	- - - <u>-</u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	\$ \$10: \$ 10: \$ 17: \$ 10: \$ 17:	LED
Name of New Registered Agent		- <del>2</del>	
(Florida street	address)	<del></del>	
New Registered Office Address: (Ci	, Florida (v)	(Ziv Code)	_
	• /	( <u>F</u>	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the po.	sition.	
Signature of New Regi	stered 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	Christopher Burdekin	6800 NW 70th ST
Add			Tamarac, FL 33321
Remove			
2) Change			
Add			25E <b>19</b>
Remove			
3 ) Change			855 - 6
Add			
Remove		•	08 00 00 00 00 00 00 00 00 00 00 00 00 0
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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		883 <b>8</b>
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares ndment if not contained in the amendment itself:	AM 10: 2 Cr STATE C. FLORID
(if not applicable, indicate N/A)	nument is not concarned in the amengment fisen.	0. <b>%</b>
	<u></u>	

The date of each amendment(s) adoption:	, if other than the
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.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	<u>ــِـ</u>
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	FILE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	AMIO: 2
Dated	
Signature  (By a director, president or other officer if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<b></b> -
RUSSELL JOHANNSEN	
(Typed or printed name of person signing)	<del></del>
DPST	
(Title of person signing)	