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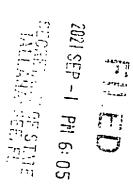
(Reque	stor's Name)	,			
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A. Butter

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Infiniti R.T. S Global INC. DOCUMENT NUMBER: PERBER 29851
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricardo STUBBS
RICANDO STUBBS Infinity R.T. S. Glabal INC Firm/Company 7071 W. Commercial Blad Suite 2 F
7071 W. Commercial Blud Suite 2 F
Tamarac FL 33319
City State and 23b Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (160) 847-2264 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee &
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

		f		
Intinity R.T.S C	rlobal	TNC		D
POCONO 298	5	ntly filed with the Flori	da Dept. of State) 2021 SEP - 1 PF	6: 05
1)	Document Numbe	er of Corporation (if know	vn) , , , , o pe	STATE
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, tl	nis Florida Profit Corpor		5 C:
A. If amending name, enter the new name of	the corporation:			
		N/A		The new
name must be distinguishable and contain the wo "Inc" or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co".	A professional corpor	ration name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		7071 W BIVD Tamara	- \	ercial 2F 33319
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE ROX)		c FL 3	rcial F 3319
D. If amending the registered agent and/or renew registered agent and/or the new regis			the name of the	
Name of New Registered Agent	N/A			
	/Floride	i street address)		
New Registered Office Address:	N/A	2 357 (, Florida	
THE REGINAL OFFICE HAW CO.		(City)	,,,,,,,,,,,,	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agents.			bligations of the posi	tion.
N/K				
	Signature of Ne	w Registered Agent, if ch	anging	
Check if applicable				

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
If amenuing the Officers and/or Director being added
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: The Trustee C = Chairman or Clerk: CFO = Chief
The state of the property of t
P = President; V = Vice President, V = Vice President, V = Vice President; V = Vice President; V = Vice President, V = Vice

r = rrestaent; v = vice rrestaent; r = treasurer, s = secretary, th = trustee, th = trustee, the continuous clock, the = trustee, the restaent of clock, the = trustee, the restaent of clock, the = trustee, the first letter of each office held.

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 restat in the following manner. Currently John Doo is listed as the PST and Mike Jones is listed as the V. There is

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		NA	_
Add			
Remove			
2) Change		MA	
Add			
Remove 3) Change		NA	
Add			
Remove		. 1 / .	
4) Change		N/A	
Add			
Remove		. / / ^	
5) Change		-N/A	
Add			
Remove		N/PX	
6) Change			
Add			
Remove			

amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)	
mach additional sneets, y necessary).		NA
		10 1
		 -
		
If an amendment provides for an ex	cchange, reclassifi	cation, or cancellation of issued shares, ontained in the amendment itself:
	The state of the s	biltained in the american
(if not applicable, indicate N/A)	11/2	
	,	

The date of each amendment(s) adoption:	8/30	209		if other than the
late this document was signed. Effective date if applicable:	8 30	1202)	
	(no more than 9	days after a	mendment file dat	e)
Note: If the date inserted in this block does not be does not be detective date on the Department of		cable statutory	y filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CF</u>	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or	board of direc	ctors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		e number of v	otes cast for the a	mendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders thr g group entitled to	ough voting g vote separate	groups. The follow ly on the amendm	ring statement ent(s):
"The number of votes east for the ame	endment(s) was/we	ere sufficient l	for approval	
by				
(vo	ting group)			
Dated 830	12021			
Signature	tubb			
(By a director, pres selected, by an inc appointed fiduciar	corporator – if in th	ne hands of a t	receiver, trustee, o	
Kic	(Typed or printed	Stub	165	
	(Typed or printed	name of pers	on signing)	
ives	sident	É. (DWNEY	,
.I	(Title of person si	igning) (