P20 0000 88465

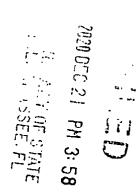
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
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Months of

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:		
DOCUMENT NUM	BER: P20000088465	- 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HUMBERTO C CANDALE	S	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	INFINITY INTERCOASTA	L SERVICES CORP	
		Firm/ Company	
	1421 SW 107 AVE		
		Address	
	MIAMI, FLORIDA 33174		
		City/ State and Zip Cod	e
	o.carabeo@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
HUMBERTO C CAN	IDALES	786	800-6460
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate 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)
Amo Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

INFNITY INTERCOASTAL SERVICES CORP

20000088465 (Document Number			
(Document Number			
	er of Corporation (if kno	wn)	
dursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his <i>Florida Profit Corpo</i>	eration adopts the follow	ring amendmen
. If amending name, enter the new name of the corporation:	<u>:</u>		
NFINITY INTERCOASTAL SERVICES CORP			The new
ame must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.	. A professional corpo		
. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS)	 _		
			<u>~-></u>
. Enter new mailing address; if applicable:		<u>.</u> .	120
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	F. 7	
			N "
		<u> </u>	
			 ;
. If amending the registered agent and/or registered office a	ddress in Florida, ente	いい r the name of th e : 天見	က် 🥌
new registered agent and/or the new registered office addr	ress:		8
Name of New Registered Agent N/A			
			-
(Florida	a street address)		
V-u Panissand Office Address		Maria.	
New Registered Office Address:	(City)	, Florida(Zi,	p Code)
		•	

☐ 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 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>	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>N'ame</u>	<u>Addres</u> s
l) N/A Change			-
Add			<u>. ———</u>
Remove			
2) Change			
Add			
Remove 3) Change			
Ad d			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change		<u> </u>	
Add			
Remove			

(Attach additional sheets, if necessary)	ticles, enter change(s (Be specific)			
VA				
				-
				•
				
				•
			-	
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		
				
		 -		
If an amendment provides for an ex-	hango reclassificatio	on or cancellation of	icensel charse	
provisions for implementing the an				
(if not applicable, indicate N/A)				•
/A				
			<u> </u>	
·		- ·		
		- <u>-</u> -		
	-			· _ ·

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The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action an	nd shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by HUMBERTO C CAN	NDALES	
	(voting group)	
12/09/202 Dated Signature	wands of	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	HUMBERTO C CANDALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .