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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>INFINIT</u>	1 SERVICE PROS	INC		
DOCUMENT NUMBER: <u>\$210005</u> 1		EIN: 87-2413189		
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this re	natter to the following:			
	•			
\mathcal{D}	aniel Esquirel			
	Name of Contact Perso	n		
	Firm/ Company			
	Firm/ Company			
781O	NW 11th Ct Address			
Peinbioke	Pires, FL 330 City/ State and Zip Cod	24		
-	City/ State and Zip Cod	e		
1	. 100			
<u>danny esqui</u>	ivel 9 @ gmail cor	u		
E-mail address: (to be	used for future annual report	notification)		
For further information concerning this matter, ple	ease call:			
Daniel Esquirel	at (754	1 47.3- 22.42		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:		
M cas Eur E	□ a 42 a a n u			
\$35 Filing Fee \$\sum \text{S35 Filing Fee & Certificate of Status}	☐\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status		
Certificate of Status	(Additional copy is	Certified Copy		
	enclosed)	(Additional Copy		
		is enclosed)		
Mailing Address	Street	Address		
Amendment Section	Ameno	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	_	entre of Tallahassee N. Monroe Street, Suite 810		
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Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

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INFINITY SERVICE P	BCS. INC. 2021 NOT 29 DU - 1.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
PRINTERIOR	EMERIAL 2015 rog
(Document Number of	f Corporation (if known)
(Document Fulliber o	Corporation (in known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
11/2	
name must be distinguishable and contain the word "corporation," "c	The new
"Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
P. Enter new principal office address if applicables	NIA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	A 1 / M
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	/
	/ / \
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	:
hereby accept the appointment as registered agent. I am familiar v	
	1
x 1	/ ^
	egistered Agent, if changing
Signature of New R	egistered Agent, if changing
/ 	

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 address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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)	Title	<u>Name</u>	Address
1) Change	P	Erresto Esquives	535 S CRESCENT DR
Add			Hollywood, 1-6 33021
Remove	_		
2) Change	<u>_P</u>	Javier M. Esquirel	9847 NW 15TCT
Add			plantation, FL 33324
Remove Change	<u>P</u>	Migrel A. Esquivel	9847 NW 18707
Add			Autotion, 176 33324
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or (Attach additional)	adding additional Article al sheets, if necessary). (es, enter change(s) h Be specific)	<u>tere</u> :		
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1 41100	a preside	,4173			<u>-</u>
					
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. If an amendmen provisions for	nt provides for an exchan implementing the amend	<u>ge, reclassification,</u> ment if not contain	<u>or cancellation of is</u> ed in the amendmen	sued shares, t itself:	
	icable, indicate N/A)		<u> </u>	<u>. 1132111</u>	
	. 1/n				
	N/I		-		
			<u>.</u>		
					

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The date of each amendment(s) adoptio	n:NIH	, if other than the
date this document was signed. Effective date if applicable:	10/21 (no more than 90 days after amendmen	u file date)
Note: If the date inserted in this block d document's effective date on the Departm	oes not meet the applicable statutory filing re	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficier	by the shareholders. The number of votes cast for approval.	for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each was	by the shareholders through voting groups. The voting group entitled to vote separately on the continuous cont	he following statement amendment(s):
"The number of votes cast for the	ramendment(s) was/were sufficient for approv	al
by	(voting group)	_```
selected, by a	president or other officer – if directors or officen incorporator – if in the hands of a receiver, tr	
appointed fide	uciary by that fiduciary)	
	(Typed or printed name of person signing	······································
	Prysidely (Title of person signing)	