# 921673

(Requestor's Name)	
(Address)	<del></del>
( issues)	
(Address)	
(City/State/Zip/Phone	<del></del>
(City/State/Zip/Filone	π)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Constitution of the Efficiency	
Special Instructions to Filing Officer:	
	-

Office Use Only



800332902248

08/22/19--01016--017 \*\*35.00

SEU MILITANA CONTROL AND SEU MAINTANA SEED TANKA AND SEED THE

MR 30 Sold

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	INFINIS	15, INC	<u> </u>		·
DOCUMENT NUMBER:	S214	,73			
The enclosed Articles of Amend	ment and fee are subm	itted for filing.			
Please return all correspondence	concerning this matter	to the following	ng:		
Angela De Bernardo Name of Contact Person					
	ln	ifini Sys	,Inc.		
		Firm/Con	npany		
	PO B	ox 923			
		Addre	SS		
	Dayton	ra Be	ach	FL	32120
	· ·	City/ State and	Zip Code		-
	il address: (to be used	nada@	rch.c	σΥ	
E-ma	il address: (to be used	for sture annu	ial report no	tification	n)
For further information concerning this matter, please call:					
_ Angela te	Bernardo Person	at (	386)	23	36-1500
Name of Contact	Person		Area Code	& Daytii	me Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	3.75 Filing Fee & Crificate of Status	3\$43.75 Filing Certified Cop (Additional co- enclosed)	Dy	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

### Articles of Amendment

### Articles of Incorporation

of

## INFINICUS INC

INFINISAS	S, INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
521673	3
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>N</u>  A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SELLENG 22
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	at uddraw)
New Registered Office Address:	, Florida City) (Zip Code)
· ·	(14)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
NIA	r
Signature of New Re	egistered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	D Richard Holtz	PO BOX 9237
Add Remove		Daytona Brach FL 32120
2) Change Add	PS Thomas Stender	Po Box 9237 Daytona Brach FL 32120
Remove  3) Change  Add  Remove	VT AngelA De Bernardo	PO Box 9237 Daytone Brach T2 32120
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

<u>If amendi</u> (Attach <i>ad</i>	ing or adding additional Articles, enter change(s) l Iditional sheets, if necessary). (Be specific)	<u>here</u> :	
	MA		
		<del>- "</del>	
			_
provisio	endment provides for an exchange, reclassification ins for implementing the amendment if not contain of applicable, indicate N/A)	i, or cancellation of issued shares, need in the amendment itself:	
-	NA		
_		·	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	January	<u> 28,201,</u>	, if other than the
date this document was signed.		_	
Effective date <u>if applicable</u> :	January	<u> </u>	<u></u>
(4	no more than 90 days <b>a</b> f	er amendment file d	ate)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		ntory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHEC</u>	CK ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number roval.	of votes cast for the a	amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr			
"The number of votes cast for the amendn	nent(s) was/were sufficie	nt for approval	
by(voting		······································	
(voting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without s	hareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without share	holder action and sha	areholder
Dated_ 8 20 20	29		
Signature / on			
	nt or other officer - if di	rectors or officers ha	ve not been
selected, by an incorp	orator – if in the hands o		
appointed fiduciary by	that fiduciary)		
	Tom Stende	<u> </u>	
(Ту	ped or printed name of p		
7.	esident and	Secretary	
	(Title of person		