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COVER LETTER

	Registration Se Division of Cor		•	·
enn irz	111 Years			•
SUBJEC	.l: <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Michael Hernandez		
			Name of Person	
		****	Firm/Company	<u> </u>
		11430 N Kendall Drive St	e 305	
			Address	
		Miami, FL 33176		
		mhernandez@brokerageins E-mail address: (City/State and Zip Code .com to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
Michael Hernandez		305 910-4870		
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111 Years, LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Con Florida document number L25000014032	npany were filed on January 7, 2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
		
3. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	18
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Hernandez	11430 N Kendall Drive	🗆 Add
		Miami, FL 33176	■Remove
			□ Change
MNG	111 Years Holding, LLC	11430 N. Kendall Drive	= Add
		Miami, FL 33176	□Reniove
			Change
MNG	Limitless FL, LLC	644 Winter Wheat Ct	■Add
		Mathews, NC 28104	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

		
(If an effectiv <u>Note:</u> If t	date, if other than the date of filing:	207 as '
ne record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	4/18	
	Signature of a member of authorized representative of a member	
	Michael Henraucher	

Filing Fee: \$25.00