## 374639

(Re	equestor's Name)	
(Ac	dress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Limited Properties	, Inc.	·
DOCUMENT NUM	374630		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corn	respondence concerning this ma	tter to the following:	
	Doug Burns		
		Name of Contact Person	1
	Doug Burns, PA		
		Firm/ Company	
	2559 Nursery Road, Suite A		
	<del></del>	Address	
	Clearwater, Florida 33764		
		City/ State and Zip Code	e
dbu	rnspa@tampabay.rr.com		
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Doug Burns		727	1
Nam	e of Contact Person	Area Co	)de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee Ft. 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Limited Properties, Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
374639	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme its Articles of Incorporation:	1t(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered 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	<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>	Name		<u>Addres</u> s
1) Change	SD	Doug Burn	S	2352 Harn Blvd
X Add				Clearwater, Florida 33764
Remove				
2) Change	TD	Karen Burn	ns	2352 Harn Blvd
X Add				Clearwater, Florida 33764
Remove				
3 ) Change				
Add				
Remove				
4) Change	-		· · · ·	
Add				
Remove			•	
5) Change		••••		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
1	
The Marian	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendmenticient for approval.	ent(s)
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	r
Dated_ 5-7	-2018	
Signature Sate	iele L. Rurna	
By a dir	rector, president or other officer - if directors or officers have not be	een
	, by an incorporator – if in the hands of a receiver, trustee, or other of	court
appointe	ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	EA 10 DR 10	-
-	(Title of person signing)	sibel.
	( ) time or berson signing)	