

LP000026633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

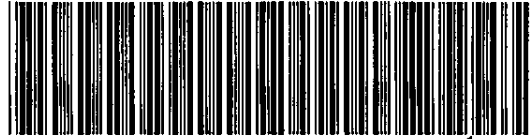
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
JUN 13 PM 4: 28

06/14/16--01005--027 **30.00

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TALLAHASSEE, FLORIDA
2016 JUN 13 PM 12: 43
16 JUN 14 PM 5: 08
TALLAHASSEE, FLORIDA

AUG 01 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 AUG -1 PM 1:56
TALLAHASSEE, FLORIDA

July 11, 2016

JOHN R MEALOR
1430 HICKORY STREET
NICEVILLE, FL 32578

SUBJECT: SUP DESTIN, LLC
Ref. Number: L13000026633

We have received your document for SUP DESTIN, LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 416A00012556

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TALLAHASSEE, FLORIDA
16 JUN 14 PM 4:04

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUP Destin, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R. Mealor

Name of Person

SUP Destin, LLC

Firm/Company

1430 Hickory Street

Address

Niceville, FL 32578

City/State and Zip Code

mnekl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Mealor

850 974-2103

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 14 PM 4:04

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUP DESTIN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/20/2013 and assigned
Florida document number L13000026633.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO LIMIT ENTERPRISES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
16 JUN 14 PM 4:04

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Type of Action</u>
AMBR	Marvin K. Mealar	1430 Hickory Street	<input checked="" type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JUN 14 4:08 PM '96

16 JUN 14 PM 1

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16 JUN 14 PM 4:04

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 26, 2016


Signature of a member

Signature of a member or authorized representative of a member

John R. Meador

Typed or printed name of signee