

L17 0000 80976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

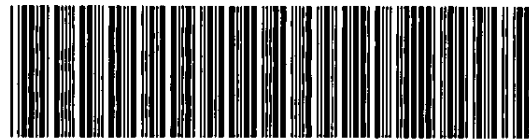
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL -8 AM 11:18  
J. Stivers JUL 08 2014

From:

07/01/2014 18:54

#293 P.006/007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Limitless Technology Solutions 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:

Maurcus Couch

Name of Person

Firm/Company

250 W. Lake Mary Boulevard, Suite 262

Address

Sanford, FL 32773

City/State and Zip Code

maurcuscouch@rocketmail.com

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

For further information concerning this matter, please call:

Savorian Couch

Name of Person

at

1770

Area Code

891-8585

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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  
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

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

Limitless Technology Solutions 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 June 4, 2013 and assigned  
Florida document number L13000080976.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)**

2785 Center Street

Sanford, FL 32771

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

250 W. Lake Mary Boulevard

Suite 262

Sanford, FL 32773

**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:

Maurcus Tyrone Couch

New Registered Office Address:

2785 Center Street

Enter Florida street address

Sanford

City

, Florida 32771

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.*

*Maurcus Tyrone Couch*  
If Changing Registered Agent, Signature of New Registered Agent

From:

07/01/2014 18:53

#293 P.004/007

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|-----------------------|--|--|
| <u>DIR</u>   | <u>Kaleb Felder</u>   | <u>5375 Peachtree Industrial Boulevard</u> | <input type="checkbox"/> Add               |
|              |                       | <u>Suite 221</u>                           | <input checked="" type="checkbox"/> Remove |
|              |                       | <u>Norcross, GA 30092</u>                  |  |
| <u>MGR</u>   | <u>Savorian Couch</u> | <u>184 Frey's Gin Road</u>                 | <input checked="" type="checkbox"/> Add    |
|              |                       | <u>Suite 107</u>                           | <input type="checkbox"/> Remove            |
|              |                       | <u>Marietta, GA 30067</u>                  |  |
|              |                       |  | <input type="checkbox"/> Add               |
|              |                       |  | <input type="checkbox"/> Remove            |
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|              |                       |  |  |

From:

07/01/2014 18:54

#293 P.005/007

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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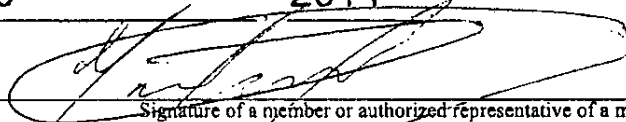
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 30 2014



Signature of a member or authorized representative of a member

Maurcus Tryone Couch

Typed or printed name of signee

14 JUL - 8 AM 11:18  
6-21-14