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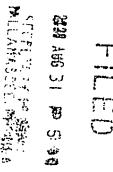
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Fulth Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Division of Corpor			
бивјест: <u>ДВ</u>	Limitless Name of Limit	RU TUSPEC	HIONS LLC
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Geo	DRGE C Agutte	<u>:R1U</u>
		Firm/Company	
		Dublin DR.	
	Lake	Mary FL 32 City/State and Zip Code Be used for future annual report notifies	2746
-	G CORC E-nail address: (co	be used for future annual report notifies	less.com
for further information conc	cerning this matter, please cal	II:	
George Wine of Po	Agutter	at (<u>407</u>) <u>230</u> - Area Code Daytime T	8257 elephone Number
inclosed is a check for the f	ollowing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A righta t	Stittled Blacking Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>LI40001444</u> 8	ompany were filed on9-	16-2014	and assigned
Florida document number	L.	罗 ·	25
This amendment is submitted to amend the following:		ET A	# T
A. If amending name, enter the new name of the limit	ed liability company here:	66.77 03.35	ω [
2B Limitless RV	44		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abb	reviation "E.L.C."
Enter new principal offices address, if applicable:			#17 #25
(Principal office address MUST BE A STREET ADDRE	ESS)		
(Mailing address MAY BE A POST OFFICE BOX)	113 Pul	Mary, FL	. 32746
B. It amending the registered agent and/or registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
		, Florida	
	City	,	Zip Code

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

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

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 = N AMBR = A	tanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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t an effective Note: If th	e date is listed, the da	ue must be specific a this block does not	ng: 9-1- nd cannot be prior to meet the applicable State's records.	date of filing or me	(opt ore than 90 days after crequirements, th	er filing) Pursuant to	605.0207 (3 listed as th
		Tective date, but no	ot an effective time	r, at 12:01 a.m. c	n the earlier of: (b) The 90th day	after the
e record spe ed is filed.	eciñes a delayed ef						
d is filed.			. <u>2020</u>				
d is filed.		27		<i>[][]</i>	of a member		_