

L1600067323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

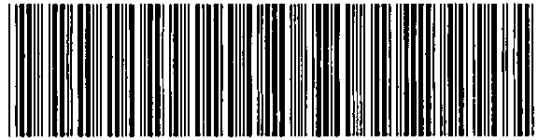
(Document Number)

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

Special Instructions to Filing Officer:

Added AMBR Anthony Porto to this filing  
due to mis-information provided by this office  
mmilligan 04/15/16

Office Use Only



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04/14/16--01003--021 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
16 APR 14 PM 1:18  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
16 APR 14 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Limitless Solutions Enterprise 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:

Anthony Porto  
Name of Person

Limitless Solution's Enterprise LLC.  
Firm/Company

402 Hiawatha Ave  
Address

Inverness, FL, 34452  
City/State and Zip Code

limitlessolutions14@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Porto at ( 352 ) 239-8552  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Solutions Enterprise 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 3/30/16 and assigned Florida document number L110000013323

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 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  
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AND  
FILED

**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:

Anthony Porto

New Registered Office Address:

402 Hiawatha Ave

Enter Florida street address

Inverness

City

Florida

34452

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	Reynaldo Castellanos	402 Hiawatha Ave	<input checked="" type="checkbox"/> Add
		Inverness, FL, 34452	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jennifer Geith	402 Hiawatha Ave	<input type="checkbox"/> Add
		Inverness, FL, 34452	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony Porto	402 Hiawatha Ave	<input checked="" type="checkbox"/> Add
		Inverness, FL 34452	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF  
TALLAHASSEE FL

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/14/16

**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.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

ANTHONY PORTO

Typed or printed name of signee