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	egistration Sec ivision of Corp		•	
SUBJECT	LIMITLES	S APPLICATIONS LLC		
SUBJECT	•	Name did.	imited Liability Company	
The enclos	ed Articles of <i>i</i>	Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this me		ndence concerning this mate	er to the following:	
		OLIVER VON TROEL		
		LIMITLESS APPS. LL	Name of Person	
			Firm/Company	
		1831 SW 7TH AVENU		
		POMPANO BEACH F	Address L 33060	
		OLIVER@KDCONSTR	City/State and Zip Code UCTION.US	
		E-mail addres	s; (to be used for future annual report no	tification)
For further	information co	oncerning this matter, please	e call:	
OLIVER VON TROLL			954 344-4515 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	e 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		ntion Section n of Corporations x 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limitless Applications LLC (Name of the Limited Liability Company as it now appears on our records.)
[[7] (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/10/2017}{11/10/2017}$ and assigned Florida document number L17000233031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Limitless Apps. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 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

Page 1 of 3

T	. A. dddd Dame. (a) and		anton the title name of	nd address of each person being added
or removed MGR = N	from our records:	iorizeu to manage	enter the the hame, a	nu adul ess da esicit person penng sidueu
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