L17000 233031

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Soomess Linky Warney
(Document Number)
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Special Instructions to Filing Officer:





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U5/28/19--U1020--U02 **25.BL







COVER LETTER

Division of C	Section Corporations
SUBJECT: LIMITL	ESS APPS, LLC
Sobacci	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	OLIVER VON TROLL
	Name of Person
	ALT236, LLC
	Firm/Company
	1831 SW 7TH AVENUE
	Address
	POMPANO BEACH, FL 33060
	City/State and Zip Code
	OLIVER@KDCONSTRUCTION.US E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
OLIVER VON TROI	at ()
Nan	ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
■ \$25.00 Filing Fee	

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 []



2019 MAY 28 AM 8: 05

Limitless Apps, LLC	**************************************
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company) 1/-1
The Articles of Organization for this Limited Liability	Company were filed on 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 li	mited liability company here:
ALT236, LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADd	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	the bottom of the many of the many
B. It amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> <u>ddress here</u> :
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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			□ Change

-	
	
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
	5/22/19
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00