

L18 0000 65479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

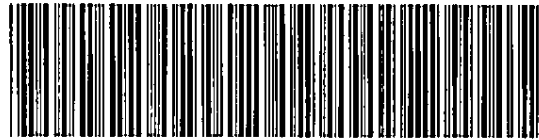
(Business Entity Name)

(Document Number)

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MAY 17 2019

FILED  
2019 MAY -6 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Limitless Asset Investments 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:

Pieky Smith  
Name of Person

Limitless Asset Investments LLC  
Firm/Company

2 Cherry Drive Lake Ocala FL  
Address

34472  
City/State and Zip Code

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

For further information concerning this matter, please call:

Pieky Smith at (352) 300 8994  
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 Asset Investments 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 3/13/2018 and assigned  
Florida document number L180000065479

This amendment is submitted to amend the following:

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

N/A

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)**

3001 West Silver Springs Blvd  
Suite 108-A  
Ocala FL 34475

**Enter new mailing address, if applicable:**

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

3001 West Silver Springs Blvd  
Suite 108-A  
Ocala FL 34475

**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:

Ricky Smith

New Registered Office Address:

2 Cherry Dr Lane

Enter Florida street address

Ocala

City

Florida

34472

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.*

Ricky Smith

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>
MGR	Alisha James	117 Marion Oaks Circle	<input type="checkbox"/> Add
		Ocala FL	<input checked="" type="checkbox"/> Remove
		34473	<input type="checkbox"/> Change
MGR	V. Carol Daniel	8034 Tally Ann Drive	<input type="checkbox"/> Add
		Tallahassee FL	<input checked="" type="checkbox"/> Remove
		32311	<input type="checkbox"/> Change
MGR	Rickey Smith	2 Cherry Pr Lane	<input checked="" type="checkbox"/> Add
		Ocala FL	<input type="checkbox"/> Remove
		34472	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

*N/A*

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated April 29, 2019.

*Picky Smith*

Signature of a member or authorized representative of a member

Picky Smith

Typed or printed name of signee