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## **COVER LETTER**

TO:	Registration Se- Division of Cor		<i>3</i>	F	
er:b1	J Brevard L		•	:	
SUBJ	ECT:	Name of Lir	nited Liability Company		
The er	nclosed Articles of .	Amendment and fee(s) are su	binined for filing.		
Please	return all correspo	ndence concerning this matte	r to the following:		
		John Begeman			
			Name of Person		
		Limitless Ventures LLC			
			Firm/Company		<del></del>
		315 Alhambra Circle			
		•	Address	1.182	
		Coral Gables, FL 33134			
		john@johnbrevard.com	City/State and Zip Coo	de	
		E-mail address:	(to be used for future annu-	ial report notification)	<del></del>
For fu	rther information co	oncerning this matter, please	call:		
John I	Begeman		305 at () Area Code	7218528	
	Name o	f Person	Area Code	Daytime Telephor	ne Number
Enclo	sed is a check for th	ne following amount:			
□ \$1	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy tadditional copy is		\$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, F1, 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

J Brevard LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.)  Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on March 19, 2019	and assigned
Florida document number L19000076320		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Limitless Ventures LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		201 SE
		A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	26
[Manna and ess 1971   52 71 1 55 1 51 1 1 50 1 50 1 50 1 50 1 50		- Oc <b>&gt;&gt; %</b>
B. If amending the registered agent and/or	registered office address on our records, e	-TI
registered agent and/or the new registered office	_	i:: OI
Name of New Registered Agent:		
Non-Books and Office Address.		
New Registered Office Address:	Enter Florida street address	<del></del> _
	, Florid	la.
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered approvisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	ind complete performance of my duties, and I red agent as provided for in Chapter 605, F.S istered office address, I hereby confirm that th	am familiar with and . Or, if this document is

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>	Address	Type of Action
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			☐ Change
			Remove
			Change
			Remove
		<del>.</del>	Change
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			Change
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o <u>te:</u> If the date in:	serted in this block do	es not meet the	e applicable stat	thing or more than atory filing requir	90 days after fifth ements, this dat	g.) Pursuant to 605.020 e will not be listed a
cument's effectiv	e date on the Departn	nent of State's i	records.			
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