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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	No Limit Con Name of Lim	struction Services ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anth	Name of Person	
		Firm/Company	
	IIII A~	nerices Pose PKWY	
	Orlands,	/ FL 32825 City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Anthory Name o	Munol Person	at (4:07) 723 Area Code Daytim	2619 e Telephone Number
Enclosed is a check for the	he 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

### 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

No Limit Construction	Services LLC	<del> </del>
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 08/14/	14 and assigned
Florida document number <u>L 19000207098</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		6 2 i
		<u> </u>
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flor	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anthony Munoz SR.	IIII American Rose PAWY	<b>\</b> Add
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of fi  ote: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pu ory filing requirements, this date wil	rsuant to I not be	605.03 listed
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on	the ea	arlier
ated <u>08 - 72 - 2019</u> .			
	sentative of a member		_

Page 3 of 3

Filing Fee: \$25.00