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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

	Registration Se Division of Co					
CHD IEC	Lewis Buy	Houses LLC				
SUBJEC	.1:	Name of Lin	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Kenesha Lewis				
			Name of Person			
		Lewis Buy Houses LLC		ر: ۱۳ د میر ۱۶ میرا	2021 NOY -4 PH 3: 27	
			Firm/Company	22	7 94	- -
		1039 Birch Hollow Dr		70° 70° 705	· +	† -
			Address	in c	න යා	£
		Apopka, Fl 32703		-14: -14:	: 27	
			City/State and Zip Code			
		lewisinvestmentgroup19@g		 		
For furthe	er information c	E-mail address: (oncerning this matter, please o	to be used for future annual report not	dication)		
Kenesha		oncerning this matter, prease of				
———			321 948-9005 at ()			
	Name o	f Person	Area Code Daytim	ie Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy	
]]]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lewis Buy Houses LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>02/04/2020</u>	and assigned
lorida document number L20000040654		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Limitless Capital LLC	Ç	S 28
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.G."
inter new principal offices address, if applicable:	1317 Edgewater Dr #4637	5
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32804	
	(A)	
	-il	57.51 5: 2:
nter new mailing address, if applicable:	1317 Edgewater Dr #4637	而
Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl 32804	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new regist
was the new regionered office and reso nere.		
Name of New Registered Agent:		
New Registered Office Address:		
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
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fective date, if other than the an effective date is listed, the date mu	e date of fili st be specific a	ing: and cannot be	prior to date	of filing or n	nore than 90 d	_ (optional) ays after filing	.) Pursuar	nt to 605.020
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