

L20 0000041079

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Limits Mailing System 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:

Deishla M. Ildefonso Millán
Name of Person

No Limits Mailing System
Firm/Company

6610 Ivy Mist Ln LLC
Address

Davenport FL 33896
City/State and Zip Code

deishla2728@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deishla M. Ildefonso Millán (352) 348-6688
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

No Limits Mailing System 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 01-21-2020 and assigned
Florida document number L20000041079

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Myrna L. Millán</u>	<u>719 Avenida sexta</u>	<input type="checkbox"/> Add
		<u>Apt 102 Clermont Fl 34714</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Arelus Cruz</u>	<u>361 Corving Dr</u>	<input type="checkbox"/> Add
		<u>Davenport Fl 33897</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Christian Carrillo</u>	<u>Po Box 135456</u>	<input type="checkbox"/> Add
		<u>Clermont 34713 :</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>COO</u>	<u>Deishla M Ildelfonso</u>	<u>719 Avenida sexta</u>	<input type="checkbox"/> Add
		<u>Apt 102 Clermont Fl 34714</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Deishla M Ildelfonso Millán</u>	<u>1117 Trappers Trail loop</u>	<input checked="" type="checkbox"/> Add
		<u>Davenport Fl 33896</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

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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.

Dated 05.21 - 21

Signature of a member or authorized representative of a member

Deishla M Ildefonso Millán
Typed or printed name of signee