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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address;please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOBILE LIMITLESS INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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## **COVER LETTER**

TO: Registration Se Division of Cor	porations		•
MOBILE L	IMITLESS INVESTMENTS I	CTC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendinent and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LINA BUCKLEY		
	·	Name of Person	<del></del>
		Firm/Company	
	3166 EASTGROVE TERF	RACE	
		Address	
	<del></del>	City/State and Zip Code	<del></del>
	SANFORD FL 32771	to be used for future annual report not	ification)
For further information of	nncerning this matter, please c		
BRENDA MAS		407 3012659	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	le following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Piting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Maliling Addres</u> Registration		Street Address: Registration So	retion
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. MORE	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBILE LIMITLESS INVESTMENTS LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del> -	
The Articles of Organization for this Limited Liability Company Florida document number L20000072625	were filed on 03/04/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LCL ENTERPRISES LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3166 PASTGROVE TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	cipal office address MUST BE A STREET ADDRESS)  SANFORD, FL 32771		
		,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered	
		2022	
Name of New Registered Agent:		<del>-                                    </del>	
New Registered Office Address:			
<u> </u>	Enter Florida street address	7 伝統	
	, Florida		
<del></del> '	Clty	Zip Code	
New Registered Agent's Signature, if changing Registered Agent;		<b>50</b>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my duties, and I am	familiar with and	

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>	Name	Address	Type of Action
MGR	LENA BUCKLEY	3166 EASTGROVE TERRACE	
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			□Remove
		<del></del>	☐ Change
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			□Remove
			Change
			□Add
			Change
			□Add
			□Remove
			Change

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Tective date, if other than t	ha data of All	10/04/2022		(optio	noll
in effective date is listed, the date t	nust be specific a	ind cannot be prior	to date of filing or m	ore than 90 days after f	iling.) Pursuant to 605.0207
ote: If the date inserted in this cument's effective date on the	block does not Department of	t meet the applica f State's records.	ible statutory filin	g requirements, this	date will not be listed as
record specifies a delayed effe	tive date, but n	ot an effective tir	ne, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
is filed.					
OCTOBER 4		2022			
ated		_,	<del>-</del> ·		
//1/	<i>/</i>				

Typed or printed name of signee