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To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

R WHITE

Email Address:

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENTA TO ARTICLES OF ORGANIZATION OF

2020, 20 r" 1:46

## LIMITLESS INVESTMENTS FLORIDA 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 Co	mpany were filed on <u>05/04/2020</u>	and assigned
Florida document number L20000119494		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and of New Registered Agent:	ered office address on our records, <u>e</u> ess here:	nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da Zip Code
	<del>-</del> ,	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and i ent as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mihail Danilov	7901 4th St N STE 300	🗹 Add
		St. Petersburg, FL USA 33702	□ Remove
			Change
AMBR Alexandru Vasiliu	Alexandru Vasiliu	7901 4th St N STE 300	
	St. Petersburg, FL USA 33702	☐ Remove	
			Change
			☐ Remove
			Change
		□ Remove	
			Change
			□ Add
			□ Remove
			Change
			Remove
			🗆 Change

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	<del>- 1</del>		
Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicab	date of filing or more than 90 de statutory filing requirem	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed as
e record specifies a delayed e The 90th day after the recor	effective date, but not d is filed.	an effective time, at	12:01 a.m. on the earlier o
Dated July 24	2020	_ •	
<del></del>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00