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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOCUMENT PLANET INC
Account Number : I20180000095
Phone : (305)510-3848
Fax Number : (786)789-2416

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DEC 04 2020

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IGROW FINANCIAL CREDIT LLC**

Certificate of Status	1
Certified Copy	0
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December 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IGROW FINANCIAL CREDIT LLC
2598 EAST SUNRISE BOULEVARD CORAL RIDGE
SUITE 2104
FT LAUDERDALE, FL 33304

SUBJECT: IGROW FINANCIAL CREDIT LLC
REF: L20000315569

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please specify if our office is adding, removing or changing the information provided for Damian Estevez. If our office is not adding, removing or changing their information, please remove it from the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000412297
Letter Number: 920A00024153

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IGROW FINANCIAL CREDIT 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 10/06/2020 and assigned
Florida document number L20000315569.

This amendment is submitted to amend the following:

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

MY LIMITLESS LIVING LLC

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)

2598 EAST SUNRISE BOULEVARD CORAL RIDGE

SUITE 2104

FT LAUDERDALE FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2598 EAST SUNRISE BOULEVARD CORAL RIDGE

SUITE 2104

FT LAUDERDALE FL 33304

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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DEC 2, 2020

[Signature]

Signature of a member or authorized representative of a member

DAMIAN ESTEVEZ

Typed or printed name of signee

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Filing Fee: \$25.00