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SECRETARY OF STATE
TALLAHASSON

COVER LETTER

Registration Section Division of Corporations

TO:

LIMITLESS SUBJECT:	S CONSTRUCTION & DEVE	ELOPMENT, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jeffrey S. Eannarino, Esq.		
		Name of Person	
	EANNARINO LAW, P.A.		
		Firm/Company	
	500 S. Australian Ave., Fil	fth Floor	
	_	Address	
	West Palm Beach, FL 3340	01	
		City/State and Zip Code	
	jeff@eannarinolaw.com		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all;	
Jeffrey S. Eannarino, Esq		561 935-9024	
Name of	Person		me Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMITLESS CONSTRUCTION & DEVELOPMENT, 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 $\frac{08/30/2021}{}$ _ and assigned Florida document number $\frac{1.21000387258}{}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 335 E. Linton Blvd., Suite 2072 Enter new mailing address, if applicable: Delray Beach, FL 33483 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City

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 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>	Address	Type of Action
MGR	Brian Andrade	335 E. Linton Blvd., Suite 1969	<u></u> ≡ Add
		Delray Beach, Fl. 33483	□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove
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ffective date	e, if other than the date of the is listed, the date must be spo	of filing:		(optio	nal)
ote: If the da	ate inserted in this block do	es not meet the app	licable statutory fili	more than 90 days after ng requirements, this	filing.) Pursuant to 605.0207 date will not be listed as t
ocument's eff	fective date on the Departm	ent of State's record	ds.		
record specif l is filed.	ies a delayed effective date,	but not an effective	e time, at 12:01 a.m	, on the earlier of: (b)	The 90th day after the
ated	August 15	2022			
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Typed or printed name of signee