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COVER LETTER

	egistration Se ivision of Cor						
SUBJECT		S FUN FASHION LLC					
SOBJECT		Name of Lin	nited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Francis J Guide III					
			Name of Person	***			
		LIMITLESS FUN FASHIO	ON LLC				
			Firm/Company				
		4220 Gator Trace Avenue,	Apt. D				
		Address					
		Fort Pierce Florida 34982					
			City/State and Zip Code	·····			
		lffllc722@gmail.com					
		E-mail address: (to be used for future annual report no	otification)			
For further	information co	oncerning this matter, please co	all;				
Francis J G	uide III		772 332-9198				
	Name of	Person	Area Code Dayti	me Telephone Number			
Enclosed is	a check for th	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 Fiting Fee, Certificate of Status Certified Copy (additional copy is enclose			

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

x .

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMITLESS FUN FASHION LL	C	
(Name of the Lin	nited 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 09/15/2021	and assigned
Florida document number L21000408747		
This amendment is submitted to amend the fo	llowing:	
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 appl	icable:	2821
Principal office address MUST BE A STRE	ET ADDRESS)	14 B
		SST 50
		TO P
Enter new mailing address, if applicable:		2 2
Mailing address MAY BE A POST OFFICE	<u> </u>	7
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, <u>enter tl</u> ess <u>here</u> :	he name of the new register
Name of New Registered Agent:	Francis J Guide III	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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
RA	Darlene M Guide	4220 GatorTrace Avenue, Apt. D	🗀 Add
		Fort Pierce Florida 34982	≣Remove
		<u></u>	l]]Change
MGR	Darlene M Guide	4220 Gator Trace Avenue, Apt. D	BAdd
		Fort Pierce Florida 34982	□Remove
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ffectiv	e date, if other	than the date o	of filing:	9/15/2021			(option	al)	
`an effec <u>Vote:</u> H	tive date is listed, if f the date inserted nt's effective date	ne date must be spec in this block doe	cific and cannot not meet	the applicab	date of filing le statutory	or more than filing requir	90 days after fil	ing i Pursicint t	o 605.0207 e listed as
record :	specifies a delaye	d effective date,	but not an e	ffective time	e, at 12:01 a	i.m. on the e	arlier of: (b)	The 90th day	after the
	eptember 30	,	20	021	<i>[</i> .				
Dated So									

Typed or printed name of signee

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