

{ 22000066343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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06/26/23--01018--023 **25.00

2023 JUN 26 AM 11:27

FILED
JUN 26 2023
CLERK OF COURT
JULIA A. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations
Raines Contracting

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Senior

Name of Person

Raines Contracting

Firm/Company

3882 sw Coquina Cove Way Apt#105

Address

Palm City, Florida, 34990

City/State and Zip Code

johnsenior96@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

John Senior

772

678-1575

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Roines Contracting

(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 _____ and assigned Florida document number 1.22000066343.

This amendment is submitted to amend the following:

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

Limitless Outdoor Services, 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)

164 SE Crestwood Cr.

Stuart, Florida 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

164 SE Crestwood Cr.

Stuart, Florida 34997

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:

164 SE Crestwood Cr.

Enter Florida street address

Stuart

City

Florida 34997

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

[illegible]

2023 JUN 2

June 20, 2023

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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 June 20, 2023

 re of a member or authorized representative

John Senior

Typed or printed name of signee

Filing Fee: \$25.00