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To:

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

From:

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Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	I2009000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

the email address for this business entity to be used for future and nearly to be used for future and the second s 

@Email Address:

음금 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIMITLESS BRAND LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### LIMITLESS BRAND 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 _	08/24/2022	and assigned
Florida document number L22000373382		

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 "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

789 SW Federal Highway

789 SW Federal Highway

Stuart, FL 34994

Stuart, FL 34994

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:		-9	C
	Enter Florida street address	:31	
	. Florida 🔗	വ	
		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. Thereby 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>_</u> _			🗆 Add
			CRemove
			🗆 Change
			🗆 Add
			□Change
Last 21			□ Add
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			Change
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			□Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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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 March 13		
NWF SN	mith	
,	gnature of a member or authorized representative of a member	
Nat Smith		
	Typed or printed name of signee	

Filing Fee: \$25.00