

L23000013732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

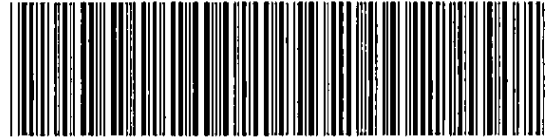
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

APR 17 2023

R. HUNT

04/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO LIMITS & CO LLC
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:

JUAN CARLOS SANCHEZ TORRES

Name of Person

NO LIMITS & CO LLC

Firm/Company

22509 SW 88TH PATH

Address

CUTLER BAY FL 33190

City/State and Zip Code

GATPROFESSIONAL@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN CARLOS SANCHEZ TORRES

786 370 0181
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**

NO LIMITS & CO 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 01/05/2023 and assigned
Florida document number L23000013732.

This amendment is submitted to amend the following:

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

NO LIMITS & CO 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)

22509 SW 88TH PATH

CUTLER BAY FL 33190

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22509 SW 88TH PATH

CUTLER BAY FL 33190

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:

JUAN CARLOS SANCHEZ TORRES

New Registered Office Address:

22509 SW 88TH PATH CUTLER BAY FL 33190

Enter Florida street address

CUTLER BAY

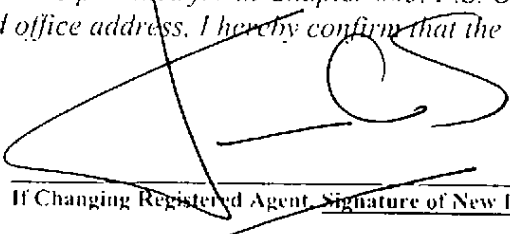
City

Florida 33190

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

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>
AMBR	JUAN CARLOS SANCHEZ TORI	22509 SW 88TH PATH CUTLER BAY FL 33190	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WOM HOLDING LLC	22509 SW 88TH PATH CUTLER BAY FL 33190	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARISELA DEL C FERNANDEZ	22509 SW 88TH PATH CUTLER BAY FL 33190	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUN 17 PM 3:05
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STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REMOVE PARTNERSHIP "WOM HOLDING LLC " AMBR

AND ENTER PARTNERSHIP " MARISELA DEL CARMEN FERNANDEZ TOVAR" AMBR

THIS CHANGE IS MADE FOR THE PURPOSE OF BEING THE SAME OWNERS OF THE HOLDING
CORPORATION

FILED
MAR 17 PM 3:05
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

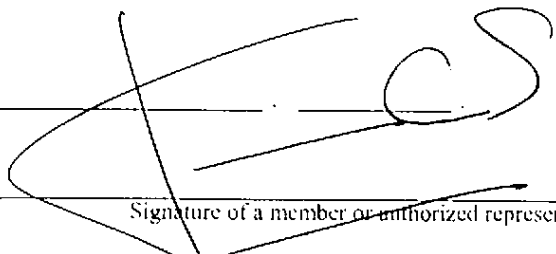
E. Effective date, if other than the date of filing: 01/05/2023 **(optional)**

(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 03/24/2023



Signature of a member or authorized representative of a member

JUAN CARLOS SANCHEZ TORRES - MANAGER OWNER

Typed or printed name of signee