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2023 DCT 23 PH 5: 25

of which

COVER LETTER

TO:				•	
Sudie	NO LIMIT	CUSTOM CREATIONS, LLC	2		
SUBJEC	√1÷ <u>-</u> .	Name of Lin	nited Liability Company		
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		HEATHER ESPOSITO			
			Name of Person		
		NO LIMIT CUSTOM CREATIONS, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: HEATHER ESPOSITO Name of Person Firm/Company 4107 BUNNELL DR Address JACKSONVILLE, FL 32246 City/State and Zip Code Heathermanie 1014@hotmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: ESPOSITO Name of Person 4 (Area Code Daytime Telephone Number) a check for the following amount: Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Street Address: Registration Section Vision of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee			
		4107 BUNNELL DR			
			Address		
	Division of Corporations NO LIMIT CUSTOM CREATIONS, LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: HEATHER ESPOSITO Name of Person Firm/Company 4107 BUNNELL DR Address JACKSONVILLE, FL 32246 City/State and Zip Code Heathermanic1014@hotmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: EATHER ESPOSITO Name of Person Area Code Daytime Telephone Number Mariling Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
		-			
For furth	er information of		<u>-</u>	tification)	
HEATH	ER ESPOSITO				
	Name o	of Person		me Telephone Number	
Enclosed	is a check for t	the following amount:			
■ \$25 .0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			-		
				•	
Name of Person					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO LIMIT CUSTOM CREATIONS, LL		2023 OCT 23 PH 5: 25
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our re orida Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liabili	ity Company were filed on 10/12/2023	and assigned
This amendment is submitted to amend the followin	g:	
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 applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
_		, Florida
	Citv	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

Title	Name	Address	Type of Action
MGR	Robert J Esposito	4107 BUNNELL DR	≣ Add
		JACKSONVILLE, FL 32246	□ Remove
			□ Change
			
			□ Remove
			Change
			
			□ Remove
			Change
			□ Remove
			Change
			□Remove
			□ Change

Effective date, if other than the date of filing: Optional	· •		.			<u></u>	···	
Effective date, if other than the date of filing: 10/16/2023 (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 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. 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 ord is filed. Dated October 16 2023 Signature of 2 member or authorized representative of a member								
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