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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	₩AIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

TO:

Divisio	n of Corp	oorations		
LC SUBJECT: .	OVE WIT:	HOUT LIMITS ABA LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	~	
	correspor	delice concerning and matter	to the following.	
		VELAZQUEZ GARCIA, I	LORENA	
		-	Name of Person	
		LOVE WITHOUT LIMIT:	S ABA LLC	
		<u></u>	Firm/Company	<del></del>
		2181 16TH AVE SW		
			Address	
		NAPLES FL 34117		
			City/State and Zip Code	
		CGPSSERVICES@AOL.C		
			to be used for future annual report no	tification)
For further infor	mation co	neerning this matter, please ea	all:	
VELAZQUEZ (	GARCIA.	LORENA	954 654-2473 at ()	
-	Name of	Person	at ()	ne Telephone Number
Enclosed is a che	eck for the	: following amount:		
<b>■</b> \$25.00 Filin	g Fee	S30.00 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)
	<u>Address</u> ration S		Street Address: Registration So	ection
_		orporations	Division of Co	
P.O. E	3ox 6327	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	and assigned
Florida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	(SS)	7, 20
		2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		N
		2
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida,	
	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 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>	Address	Type of Action
MGR	LESTER RODRIGUEZ CLAVIJO	2181 16TH AVE SW NAPLES FL 34117	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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iffective date, if othe	r than the date of filir	06/05/2024		(optional)	
fan effective date is listed.	the date must be specific ar	nd cannot be prior to	date of filing or more th	an 90 days after filing.)	Pursuant to 605.02
Note: If the date inserted decument's effective de	ed in this block does not te on the Department of	meet the applicablistate's records.	le statutory filing req	uirements, this date w	all not be listed
	·				
record specifies a dela	yed effective date, but no	ot an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The	90th day after th
d is filed.					
UINIE AZ		2024			
Dated		2024	·, 1		
			1 4//		
	Signature of a	a member or author	ed representative of a r	nember	<del></del>
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Filing Fee: \$25.00