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80R 5/31/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: NO LIMIT OU	JTREACH INC		
DOCUMENT NU	MBER: N11000002223			
The enclosed Artic	cles of Amendment and fee are su	ubmitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	PAI	BLO DELON		
	(Name o	of Contact Person)		
	NO LIMIT	OUTREACH INC		
	(Fin	m/ Company)		
*	5910 BENT PINE DRIVE, APT 105			
		(Address)	,,e	
	ORLAI	NDO FL 32802		
	(City/ St	ate and Zip Code)		
	PDELEON8 E-mail address: (to be us	88@HOTMAIL.COM ed for future annual report not	ification)	
For further informa	ation concerning this matter, plea	se call:		
; PABLO DELON	1	at (407) 749-2	2258	
(Nar	me of Contact Person)	at (407) 749-2 (Area Code & Da	nytime Telephone Number)	
Enclosed is a checl	k for the following amount made	payable to the Florida Departr	ment of State:	
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive Corpo Tallahassee, FL 32	rations enter Circle	

Articles of Amendment

to

Articles of Incorporation of

2011 MAY 23 PM 3: 31

	IIT OUTREACH INC	SECRETA	IRY OF STATE SSFE.FLORIDI
(Name of Corporation as co	urrently filed with the Flori	da Dept. of	State)
	11000002223		
(Document I	Number of Corporation (if kn	own)	
fursuant to the provisions of section 617.10 ne following amendment(s) to its Articles of	006, Florida Statutes, this <i>Flor</i> of Incorporation:	rida Not Fo	r Profit Corporation adop
. If amending name, enter the new nam	e of the corporation:		
NO LIMIT	OUTREACH GROUP IN	IC	
he new name must be distinguishable an bbreviation "Corp." or " Inc." <u>"Compan</u>	d contain the word "corport" y" or "Co." may not be used	ation" or " in the name	incorporated" or the
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>			
		·	
	-121 ,		
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
. If amending the registered agent and/		in Florida,	enter the name of the
new registered agent and/or the new r	egistered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	···
			, Florida
	(City)	_	(Zip Code)
ew Registered Agent's Signature, if char hereby accept the appointment as registe sition.	nging Registered Agent: ered agent. I am familiar	with and ac	cept the obligations of th
-	Signature of New Registere	d Agent, if a	changing

The date of each amendmen	t(s) adoption: 🗥	0/20/2011
· Effective date <u>if applicable</u> :	05/20/2011	(date of adoption is required)
	(no moi	re than 90 days after amendment file date)
· . Adoption of Amendment(s)	(CI	IECK ONE)
Adoption of Antenument(s)	(<u>C11</u>	IECK ONE)
✓ The amendment(s) was/we was/were sufficient for app		members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
Dated 05/2	20/2011	
Signature _	P	
	the chairman or	vice chairman of the board, president or other officer-if directors
hav	e not been select	ed, by an incorporator – if in the hands of a receiver, trustee, or a fiduciary by that fiduciary)
		PABLO DELON
	(Ty	ped or printed name of person signing)
		PRESIDENT
		(Title of person signing)