N1100006723

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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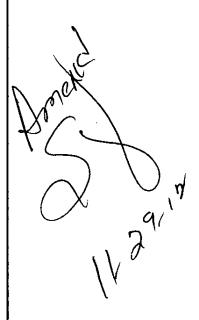
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Life Withou	t Limits, Inc.	
DOCUMENT NUM	N11100000672		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Scott Good		
		Name of Contact Person	1
	Life Without Limit	s, Inc.	
		Firm/ Company	
	4045 S. Mark Dri	• •	
		Address	
	Sarasota, FL 342	:32	
		City/ State and Zip Code	e
int	eglass@comcast.r	net	
		sed for future annual report	notification)
	,	•	,
For further information	on concerning this matter, pleas	se call:	
Scott Good		at (941	400-0657
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
	iling Address		Address
	nendment Section		Iment Section
	vision of Corporations D. Box 6327		on of Corporations Building
	lahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

Division of Corporations NAME OF CORPORATION: Life Without Limits, Inc. DOCUMENT NUMBER: N11000006723 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Good Name of Contact Person Life Without Limits, Inc. Firm/ Company 4045 S. Mark Drive Address Sarasota, FL 34232 City/ State and Zip Code integlass@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{941}{\text{Area Code \& Daytime Telephone Number}}$ Scott Good Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Life Wi	thout Limits, Inc.
DOCUMENT NUMBER: NICOSOO	06123
The enclosed Articles of Amendment and fee are submit	
Please return all correspondence concerning this matter t	o the following:
Scott T. Good	
Life Without Li	nits Inc.
	(Firm/ Company)
4045 S. Mark 7	er.
Sarasota, FL	34232
(C	ity/ State and Zip Code)
integlass @ co	meast net
E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, please cal	ll:
Scott Good	941 400-0657
(Name of Contact Person)	at (941) 400 - 0657 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee &	\$43.75 Filing Fee & S\$52,50 Filing Fcc
Certificate of Status	Certified Copy Certificate of Status
ı	(Additional copy is Certified Copy enclosed) (Additional Copy is
	Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Fallahassee, FL 32314	2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

SECRET PH 1:12 Articles of Amendment Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. Mamending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, If changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change		WARTER STATE OF THE STATE OF TH	
Add Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			<u></u>
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Life Without Li	mits wo	ud like	to includ.	e the
10(1-0-11-4 D10-11-31-0				
a) Our organiz	ation is	organized	eyclusiv	ely
for charitable,	religious	aducati	onal and	<u> </u>
SCIENTITIC PURPOSE	us, inclu	ding to	- Such pi	ur poses
Has making at	11 x to 1	Latine +	70 0000 mi	
that qualify a	s exemp	+ organic	eations u	nder
that qualify a section 501 (c)(3) or corresponding tau code.	of the	Internal	Revenue	Code,
or corresponding	ng section	n of an	y future	<u>. </u>
tay code.	<i></i>) 	
				
* see attached	for add	litional in	nformation	<u> </u>
		 		<u></u>
				
	 			

Attachments

b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

c. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so dispose of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: October 26, 2012
The date of each amendment(s) adoption: October 26, 2012 Effective date if applicable: October 26, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Dated Signature
(By the chairman or vice chairman of the bound, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Scott 7. Good
(Typed or printed name of person signing) President
(Title of person signing)

TO: Amendment Section

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Life Without Limits, Inc.
DOCUMENT NUMBER: N1(000006723
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott T. Good (Name of Contact Person)
(Name of Contact Person)
Life Without Limits Inc.
(Firm/Company)
4045 S. Mark Dr.
(Address)
Saras ota FL 34232 (City/ State and Zip Code)
(City/ State and Zip Code)
integlass @ concast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Good at (941) 400-0657 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)
Martin and Albana

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301