P06000003655

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0.475-10.2
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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N/C



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: NO LIM	ITS TIRES WHEELS &	ACCESSORIES
DOCUMENT NI	UMBER:	P060000036	55
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
		ICHAEL A MYERS	
•	1	Name of Contact Person	
	NO LIMITS TIRES	S WHEELS & ACCESSORI	ES INC
		Firm/ Company	
	519	CHARLOTTE ROAD	
		Address	
	AUF	BURNDALE FL 33823	
		City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification	on)
For further inform	ation concerning this matter,	please call:	
Міс	CHAEL A MYERS	at (863)	968-1062
Name	e of Contact Person	Area Code & Daytime	e Telephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida De	epartment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclose	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendmei		Amendment Section	
Division of Corporations		Division of Corporations	3
P.O. Box 6327		Clifton Building	N
Tallahassee FL 32314		2661 Executive Center C	irele

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2010

NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC. MICHAEL A MYERS
519 CHARLOTTE RD
AUBURNDALE, FL 33823

SUBJECT: NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC.

Ref. Number: P0600003655

We have received your document for NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000141150 - NO LIMITS INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Letter Number: 410A00024680



November 12, 2010

NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC. MICHAEL A MYERS 519 CHARLOTTE RD AUBURNDALE, FL 33823

SUBJECT: NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC.

Ref. Number: P0600003655

We have received your document for NO LIMITS TIRES, WHEELS, & ACCESSORIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 410A00026618

Teresa Brown
Regulatory Specialist II

www.sunbiz.org

Articles of Amendment Articles of Incorporation of

P06000003655

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

name must be distinguishable and contain the word "corporation," "company," or "incorporated" of abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporated must contain the word "chartered." "professional association," or the abbreviation "P.A." 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. If amending 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: New Registered Office Address: (Florida street address)	OLIMITS 4x4 ACC	CESSORIES INC The n
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending 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: New Registered Office Address: (Florida street address)	he designation "Corp," "Inc	e," or "Co". A professional corporati
O. If amending 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: New Registered Office Address: (Florida street address)		
O. If amending 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: New Registered Office Address: (Florida street address)		
Name of New Registered Agent: New Registered Office Address: (Florida street address)		,
Name of New Registered Agent: New Registered Office Address: (Florida street address)		
New Registered Office Address: (Florida street address)	registered office address in gistered office address:	n Florida, enter the name of the
	(Florida street a	address)
		, Florida
(City) (Zip Code)		
`		ne designation "Corp," "Increfessional association," or oplicable: ET ADDRESS) de: TCE BOX registered office address in gistered office address:

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) **Title** <u>Name</u> Address **Type of Action** □ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: OCTOBER 12 2010
Effective date <u>if applicable</u> :	OCTOBER 12 2010 (date of adoption is required) OCTOBER 12 2010
<u>n appreusie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_OC	TOBER 12 2010
Signature	Miles A Men
sei	y a director, president or other office—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MICHAEL A MYERS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)