P160000 92946

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JUN 2 1 2019

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Limitless Solution	Service Corp	
DOCUMENT NUMI	P16000097946		
The enclosed Articles	of Amendment and fee are st	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Landys Lopez		
		Name of Contact Perso	n
	Limitless Solution Service C	orp	
		Firm/ Company	
	7900 Oak Ln Suite 409	7 min stang	
		Address	
	Miami Lakes, Florida 33016		
		City/ State and Zip Cod	e
limitl	esssolutionservice@gmail.co	m	
	-	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Landys Lopez		at (at)	497-2115
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Isso 6327 Ishassee, FL 32314	Amend Divisio Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept.	of State)		
P16000092946				
(Docum	ent Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation add	ppts the follow	ing amend	ment(s) t
A. If amending name, enter the new name of the co	rporation:			
			The -r	
name must be distinguishable and contain the wor, "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered." "professional association," or the	" "Inc," or "Co". A professional corporat	ated" or the ion name mus	abbreviat st contain	ion the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>Y</u>)	TALLAHADS	19 JUN	- -
D. If amending the registered agent and/or register new registered agent and/or the new registered		e of the CR	6 PH 6:	- <u> </u> E
Name of New Registered Agent		<u>`</u>	30 —	
	(Florida street address)			
New Registered Office Address:	(City)	Florida	ip Coder	_
	· · · · · · · · · · · · · · · · · · ·	•,	,	

Signature of New Registered Agent, if changing

3

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 Doc 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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Rodrigo Henao	 7547 NW 79th Ave	
X Add			Tamarac, Fl 33321	
Remove				
2) Change			 	
Add				
Remove				
3) Change			 	
Add				
Remove				
4) Change		_	 	
Add				
Remove				
51 Change		****	 	-
Add				
Remove				
6) Change			 	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
	
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The date of each amendment(s) adoption:
date this document was signed.
04/29/2019 Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
(voting group)
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
05/30/2019
Dated
Signatura Folice 3
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Landys Lopez
(Typed or printed name of person signing)
President
(Title of person signing)