P1700008779

Office Use Only



600328059336

U4/22/19--01016--025 **52.50

TO APR 22 BY THE

APR 2 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Substitution Substitut
NAME OF CORPORATION: Limitless Roozing & Sarvices, IN
DOCUMENT NUMBER: P17000 00 8 7 7 9
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Qunold Salcedo
Limitless Rodging & Services, Inc
62/ Cape Coral Parkury Est Suite &
Cape Cotal, F133904
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
anold Salcedo 111 239, 848-7290
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 & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

Limi+less K	Doring &	2 Sorvices In	JC	
(Name of Co	$\overline{}$	filed with the Florida Dept. of State)	ı	
	17 000	008779		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corporation adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name o	of the corporation:			
mitless Rooping &	2 Others	Services TIC.	The ne) 141
name must be distinguishable and contain in "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	the word "corporation ("Corp," "Inc," or "C	;" "company;" or "incorporated" or To". A professional corporation name	the abbreviation	9H
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>	<u> </u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		621 Cape Coral F Suite 2	Torkway	Eat
		Cape Coral, FC	33904	
D. If amending the registered agent and/or new registered agent and/or the new reg				
	istered office address.			
Name of New Registered Agent				
	til mid men	and and discount		
	(Florida stre	et adaress)		
New Registered Office Address:		, Florida City;	(Zip Code)	•
	,	c.,,,	•	
			19	
New Registered Agent's Signature, if chang		ear i sa in e za	Arfa Arfa	
I hereby accept the appointment as registered	agent Lam Jamiliar w	uth and accept the obtigations of the po.	suion.	
	•			<u> </u>
<u></u>			11. 12.	 -
	Signature of New Re	gistered Agent, if changing	E 10	

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:		Leber Dece				
X Change	<u>PT</u>	John Doe				
X Remove	V	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change			_			
Add						
Remove						
2) Change			<u> </u>			
Add						
Remove						
3) Change			_			
Add						
Remove			·			
4) Change		_				
Add						
Remove						
5) Change						
Add		_				
Remove						
Kemove						
6) Change		_				
Add						
Remove						

(Attach addition	adding additional Artial sheets, if necessary).	(Be specific)	<u></u>		
	•				
			·	·	
·		<u>-</u>		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·				
- -					<u> </u>
 -					
It an amendme	nt provides for an exch implementing the amer	ange, reclassification	on, or cancellation	on of issued shares	7
(if not an	licable, indicate N/A)	idilicite ii not conta	med in the amen	differences.	
(9)	,				
					
-	-				
				_	
					·

The date of each amendment(s) adoption: _	4/18/2019	, if other than the
date this document was signed.	11/22/2010	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	Gladara)
	tho more than 90 days after amenament f	ne date)
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requ of State's records.	firements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for approval.	the amendment(s)
· · · · · · · · · · · · · · · · · · ·	the shareholders through voting groups. The jing group entitled to vote separately on the an	·
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by		
()	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder actic	on and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action an	id shareholder
Dated	12019	
Signature	old Sleedo	
	esident or other officer – if directors or office neorporator – if in the hands of a receiver, trus	
•	ary by that fiduciary)	tee, or other court
	ARNO ID Sala	redo
	(Typed or printed name of person signing)	
	tresident	
	(Title of person signing)	