## 170000 66043

(0)			
(Ke	questor's Name)		
(Ad	(Address)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
(23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
		ļ	

Office Use Only



100318817811

10/01/18--01043--006 \*\*35.00

S TALLENT OCT 0 8 2018



Frend

## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: LINITLESS SERVICE TRANSLATION INC				
DOCUMENT NUMBER: <u>P17000066043</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
PIERRE ALEX COLES Name of Contact Person				
LIMITHESS SERVICE TRANSHATION INC.				
Firm/ Company P. O. Box 772931 Address				
CORAL SPRINGS FL 33077 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
PIERRE ALEX COLES a1 (561) 332-9333				
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)				

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

## Articles of Amendment to Articles of Incorporation

	OOOG6043.	own)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amen	ndment(s) to
A. If amending name, enter the new name of the co	orporation:		
			new
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 profession	r "incorporated" or the abbrevi al corporation name must contain	ation n the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			_
			<u>-</u>
			9—.
C. Enter new mailing address, if applicable:			4 11
(Mailing address MAY BE A POST OFFICE BO	<u></u>		- [T
	<u></u>	<b>9</b>	<b>3</b> —
	<del></del>		<del>-</del>
D. If amending the registered agent and/or register		er the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent	····		
	<del></del>		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
	(C11)/	(Eq. Couc)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent:		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	_P_	PIERRE ALEX COLES	9043 NW 13 CT
Add			CORAL SPRINGS TIL
Remove			33671
2) Change		DELPHINE COLES	9043 NW 13: CT
Add			CORAL SPRINGS
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PIERRE ALEX COLES IS BEION ADDED AS THE PRESIDENT
PIERRE ALEX COLES IS BEIN ADD AS THE PRESIDENT
THE INCOLLION. OF THE COMPANY
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 amendment(s) adoption: AuGast 4, 2017, if other than the date this document was signed.
The date of each amendment(s) adoption:  AuGUST 4, 2017  if other than the date this document was signed.  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)
☐ 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.
Dated SEPTEMBER 10, 2018
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)
DELPTIME COLES
(Typed or printed name of person signing)
TRESIDENT. (Title of person signing)