## P18000007846

| (Requestor's Name)                      |                  |             |  |  |
|---|------------------|-------------|--|--|
| (Add                                    | fress)           |             |  |  |
| (Add                                    | iress)           |             |  |  |
| (City                                   | /State/Zip/Phone | e #)        |  |  |
| DICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Bus                                    | iness Entity Nar | me)         |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION:   | ELOPMENT PROGRAM  | CONSULTINGTING  |  |  |  |
|------------------------|--|---|---|--|--|--|
| DOCUMENT NUM           | IBER: P18000007846   |   |   |  |  |  |
|                        | s of Amendment and fee are su  | bmitted for filing.   |   |  |  |  |
| Please return all corr | espondence concerning this ma  | itter to the following:   |   |  |  |  |
|                        | RAFAEL CATARI  |   |   |  |  |  |
|                        | <del> </del>   | Name of Contact Person  | )   |  |  |  |
|                        | PREMIER TAX& ACCOUNTING CONSULTANTS INC  |   |   |  |  |  |
|                        | Firm/ Company  |   |   |  |  |  |
|                        | 12301 LAKE UNDERHILL RD STE 257  |   |   |  |  |  |
|                        | Address  |   |   |  |  |  |
|                        | ORLANDO, FL 32828  |   |   |  |  |  |
|                        | City/ State and Zip Code   |   |   |  |  |  |
|                        | RALPH@TRHFIN.ORG   |   |   |  |  |  |
|                        | E-mail address: (to be us  | sed for future annual report  | notification)   |  |  |  |
| For further informati  | on concerning this matter, pleas   |   |   |  |  |  |
| RAFAEL CATARI          |  | at (  | de & Daytime Telephone Number   |  |  |  |
| 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   | ortment of State:   |  |  |  |
| ■ \$35 Filing Fee      | ☐\$43.75 Filing Fee & Certificate of Status  | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                    |  |  |  |
| An<br>Div<br>P.C       | niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 Y  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

LIMITLESS DEVELOPMENT PROGRAM CONSULTING INC

| (Name of Corporation as  | currently filed with the F          | lorida Dept. of State)        |                   |
|--|-------------------------------------|-------------------------------|-------------------|
| P18000007846   |                                     |                               |                   |
| (Document N  | Number of Corporation (if k         | nown)                         |                   |
| Pursuant to the provisions of section 607,1006, Florida Stati<br>its Articles of Incorporation:  | utes, this <i>Florida Profit Co</i> | rporation adopts the follow   | ving amendment(s) |
| A. If amending name, enter the new name of the corpor  | ation:                              |                               |                   |
| LIMITLESS MOMENTUM TEAM INC  |                                     |                               | The new           |
| name must be distinguishable and contain the word "corpord<br>"Inc.," or Co.," or the designation "Corp," "Inc," or<br>"chartered," "professional association," or the abbreviatio | "Co". A professional co             |                               |                   |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADDRES</u>   | <u></u>                             |                               |                   |
|  |                                     |                               |                   |
|  |                                     |                               |                   |
| C. Enter new mailing address, if applicable:   |                                     |                               | 0?;               |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                     |                               | · -               |
|  |                                     |                               | <u> </u>          |
|  |                                     |                               | •                 |
|  |                                     |                               | <u></u>           |
| <ul> <li>If amending the registered agent and/or registered of<br/>new registered agent and/or the new registered office</li> </ul>  |                                     | ater the name of the          |                   |
| ·  | t addi Css.                         |                               |                   |
| Name of New Registered Agent   |                                     |                               |                   |
| <del></del>  | Florida street address)             |                               |                   |
| Tr.  | riorida sirvet adaress)             |                               |                   |
| New Registered Office Address:   | (City)                              | , Florida                     | ip Code)          |
|  | νειήν                               | (2)                           | q. Coue)          |
|  |                                     |                               |                   |
| New Registered Agent's Signature, if changing Registere  | ed Agent:                           |                               |                   |
| thereby accept the appointment as registered agent. I am j   | familiar with and accept th         | e obligations of the position | n.                |
|  |                                     |                               |                   |
|  |                                     |                               |                   |
|  | of New Registered Agent, i          | Calculation                   |                   |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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: XChange              | <u>Τ4</u>    | John Do              | <u>oe</u>   |                 |
|-------------------------------|--------------|----------------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jo              | <u>ones</u> |                 |
| X Add                         | <u>sv</u>    | Sally S <sub>I</sub> | mith        |                 |
| Type of Action<br>(Check One) | <u>Title</u> |                      | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              | <del></del>          |             | <u></u> ,       |
| Add                           |              |                      |             |                 |
| Remove                        |              |                      |             |                 |
| 2) Change                     |              | _                    |             |                 |
| Add                           |              |                      |             |                 |
| Remove 3 ) Change             |              | _                    |             |                 |
| Add                           |              |                      |             |                 |
| Remove                        |              |                      |             |                 |
| 4) Change                     |              | _                    |             |                 |
| Add                           |              |                      |             |                 |
| Remove                        |              |                      |             |                 |
| 5) Change                     |              | _                    |             |                 |
| Add                           |              |                      |             |                 |
| Remove                        |              |                      |             |                 |
| 6) Change                     |              |                      |             |                 |
| Add                           |              |                      | ···-        |                 |
| Remove                        |              |                      |             |                 |

|  | ticles, enter change(s) here: (Be specific)  |
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| <u>it an amendment provides for an excl</u>                              | hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself: |
| provisions for implementing the ame                                      |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame                                      |  |

. .

|  | option:   | , 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 bl<br>document's effective date on the De | ock does not meet the applicable statutory filing require partment of State's records.                                    | ements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |   |
| The amendment(s) was/were ado action was not required.                       | oted by the incorporators, or board of directors without sl   | hareholder action and shareholder           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su           | oted by the shareholders. The number of votes east for the ficient for approval.  | ne amendment(s)                             |
| • •  | roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen         |   |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval   |   |
| by   | ,"  |   |
|  | (voting group)  |   |
| 06/27/2023   |   |   |
| Dated  |   |   |
|  | $\mathcal{O}_{\mathbf{a}}$  |   |
| Signature  | ector, president or other officer - if directors or officers  | 1 1   |
|  | ector, president or other officer – it directors or officers, by an incorporator – if in the hands of a receiver, truster |   |
|  | ed fiduciary by that fiduciary)   | e, or other court                           |
|  | •   |   |
|  | IONATHAN A. MASON   |   |
|  | (Typed or printed name of person signing)   | <del></del>                                 |
|  | PRESIDENT   |   |
| •  | (Title of person signing)   |   |