## P21000038826

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Craftsman Withou	t Limits INC	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Marinos Mantadakis		
		Name of Contact Person	n
	Craftsman Without Limits		
		Firm/ Company	<del></del>
	3419 99th Street E		
		Address	
	Palmetto, Fl 34221		
		City/ State and Zip Cod	e
	marinos.cwl@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio  Marinos Mantadakis	n concerning this matter, plea	se call: at (	240-3015
Name	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.	ting Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio The Co 2415 N	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

FUED

Craftsman Without Limits

(Name of Corporation	on as currently fi	led with the Florida D	ept of State3	AH 9: 33
P21000038826			\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Docum	nent Number of Co	orporation (if known)		- <del>07- 3 î.A. E</del> 1 3 î.E., F.L
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation	n adopts the fol	lowing amendment(s
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A pi			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)  D. If amending the registered agent and/or register	- -	in Elorida, antor the	nama of the	
new registered agent and/or the new registered of		in riorida, enter the	name or the	
Name of New Registered Agent				
	(Florida street d	address)		
New Registered Office Address:			, Florida	
	(Cit	y)		(Zip Code)
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered agent.	i am jamiliar wilh	and accept the obligat	ions of the posi	tion.
Signa	ture of New Regis	tered Agent, if changin	g	
Check if applicable				

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chairman or Clerk; CEO

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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	V	loannis Ma	untadakis	3419 99th Street E.	
X Add				Palmetto, Fl 34221	
Remove					
2) Change				 	
Add					
Remove 3) Change					
Add					
Remove					
4) Change				 	
Add					
Remove					
5) Change			<del></del>	 	
Add					
Remove				<u></u>	
6) Change			<del>-</del>		
Add				_	
Remove					

Attacii adamonai sne	ng additional Articets, if necessary).	(Be specific)				
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f an amendment pro provisions for imple	ementing the amen	ange, reclassifice and ment if not co	ation, or cancell ntained in the a	ation of issued mendment itse	<u>shares,</u> l <u>f:</u>	
(if not applicable	e, indicate N/A) 	1.0				
	1/1/1	' <del>                                    </del>				
·						

08/24/2021	
The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
08/09/2021	
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 wi document's effective date on the Department of State's records.	ll not be listed as t
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ 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)	
08/24/2021 Dated	
1/4	
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)	
appointed fiducially by that fiducially	
Marinos Mantadakis	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>