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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Limitless Repair So	ervices, Inc	
DOCUMENT NUMB	BER: P21000087585		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jessica Puckett		
		Name of Contact Persor	1
	East Washington Accounting	Services Inc	
		Firm' Company	
	PO Box 1006		
		Address	
	Pierson, FL 32180		
		City/ State and Zip Code	:
	jessica.ewas/a/att.net		
		sed for future annual report	notification)
	·	,	
For further information	n concerning this matter, pleas	se call:	
Jessica Puckett		at (386	749-9010
Name e	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Limitless Repair Services Inc

(Name	of Corporation as curren	tly filed with the Florida I	Dept. of State)
P21000087585			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co".	A professional corporatio	ed" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	icable:		
(Muiling address MAY BE A POST		N/A	
D. If amending the registered agent as	nd/or registered office ad	dress in Florida, enter the	name of the
new registered agent and/or the ne	w registered office addre	<u>ss:</u>	
Name of New Registered Agent	N/A		
	(Florida y	treet address)	 -
	N/A		
New Registered Office Address:		(City)	, Florida (Zin Code)
		,,	···· , ····
New Registered Agent's Signature, if o			
I hereby accept the appointment as regis	tered agent. I am familiai	with and accept the obliga-	tions of the position.
	Signature of New	Registered Agent, if change	ng
	<u> </u>	5 5 7 mm g	
Check if applicable The amendment(s) is/are being filed p	sursuant to \$ 607.0120.111	Mer FS	
- the amendment(a) to one being face b	K. 3. OO , V 120 (11) (~ j, • /k).	



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The same

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 = ChiefExecutive 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.

X Change	<u>PT</u>	John Doe	
X Renzove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	v	Joel Harvey	1049 Shaw Lake Rd
X Add			Pierson, FL 32180
Remove			
2) Change		_	
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary.) (Be specific)
%A	
•	
-,	<u> </u>
— 	
<u></u>	
	
. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	
	
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date this document was signed.		
	May 4, 2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, a Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amende sufficient for approval,	dment(s)
must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(s) cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
sel	a director, president or other officer – if directors or officers have no count, by an incorporator – if in the hands of a receiver, trustee, or oth sointed fiduciary by that fiduciary)	
	Dalton Lanich	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	