P2300035231

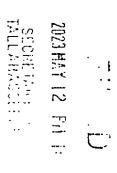
(Reque	estor's Name)	
(Addre	:ss)	
(Addre	ess)	
(Ĉity/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
	J. HOR	Vc.
	JUL 21 26	?3

Office Use Only



500408458565

05/12/23--01010--020 *+43.75



90

YOLYMAR REYES INCANDELA , 9300 NW 25TH ST STE 107 DORAL, FL 33172 PHONE: 954-980-9714

May 8, 2023

DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

Re: AMENDING NAME

Dear Sirs:

In reference to the request mentioned above. I am writing to request that you reconsider the initial name proposal for the referenced company, taking into account that I, YOLYMAR REYES INCANDELA, am the owner of THE TRUTH SIN LIMITES INC.

Attached to this letter you will find the amendment signed by me where I am requesting the name change from THE TRUTH WITHOUT LIMITS CORP to THE TRUTH SIN LIMITES CORP for the reasons previously mentioned.

If you have any questions do not hesitate to contact me.

Regards,

Yolvmar Reves Incandela

COVER LETTER

* TO: Amendment Section Division of Corporations

. . .

NAME OF CORPOR	ATION: THE TRUTH WIT	HOUT LIMITS CORP	
DOCUMENT NUMB	P23000035231		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this man	tter to the following:	
	YOLYMAR REYES INCAN	DELA	
•		Name of Contact Person	
	THE TRUTH WITHOUT LI	MITS CORP	
-		Firm/ Company	
	9300 NW 25TH ST STE 107	7	
•		Address	
	DORAL, FLORIDA 33172		
•		City/ State and Zip Code	
	thetruthsinlimites@gmail.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
YOLIMAR REYES IN	CANDELA	954 at (_) 980-9714
Name c	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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.	ling Address Indiment Section Ission of Corporations Box 6327 Ithassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation

CHE	TRUTH	WITHOUT	LIMITS	CORP
	1100111	1.1.1.00	2011111111	· · · · · ·

2023 MAY 12	D	62
Eddition of State	A(D, D)	

(Name of Corporation as currently filed with the Florada Dept P23000035231 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: THE TRUTH SIN LIMITES CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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, 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

(Attach additional sheets, if necessary). (Be specific)	
N/A .	
	
	<u> </u>
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)	
N/A	
	·

if other than t
t be listed as t
reholder

1