

L12000151797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

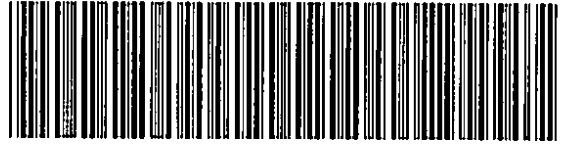
(Business Entity Name)

(Document Number)

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December 28, 2018

Virginia L. Griffith
Business Department Paralegal
Coordinator
(816) 360-4157
(816) 753-1536 Fax
vgriffith@polsinelli.com

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Trial Connections, LLC
L12000151797**

Dear Sir or Madam:

The enclosed the Articles of Amendments and fees are submitted for filing.

A preaddressed prepaid express package is enclosed for your convenience to all return evidence of the filing together with any correspondence concerning this matter to the person named above.

For future annual report notifications, the Email address to be used is: cmartin@polsinelli.com

Enclosed is our firm's check in the amount of \$55 to cover the cost of the filing fee and certified copy.

Sincerely,

Virginia L. Griffith
Business Department Paralegal Coordinator

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 JAN -2 P 2 05

TRIAL CONNECTIONS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 23, 2018 and assigned Florida document number L12000151797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Beyond TC, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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