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R. HUNT 01/24/23

COVER LETTER

то:	Registration Sectorial Division of Corp			
SUBJE	Beyo	nd Beauty	Aastnetics and	wellness, LL
SOBJE		Name of Limi	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Dorria	n chisholm	<u> </u>
			Name of Person	د. ،
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			Firm/Company	SSO N
		2719 H	ollywood Blvd.#	FL-MASSET
			Address	19 J. P. 19
		Hollywor	CL FL 33020	5
			City/State and Zip Code	
		contacten	escuestraining.c	$\circ \sim$
		E-mail address: (t	o be used for future annual report notification))
For furth	ier information coi	neerning this matter, please ca	ill:	
D	orrian	Chisholm	7 at (954) 408-4	410
	Name of I	erson	Area Code Daytime Teleph	none Number
Enclose	l is a check for the	following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	
	Registration Sc		Registration Section	one

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Beauty Aesthetius and Wellness, 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 $\frac{09/10/2021}{100/2021}$ and assigned

Florida document number <u>L21000412032</u>.

This amendment is submitted to amend the following:

A.	If amending	name, <u>enter the new</u>	name of the limited	l liability company	<u>here</u> :
	_	_	_		

Rescue One Training, 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)

2719 Hollywood Blvd. #L12 Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2719 Hollywood Blvd. #L-12 Hollywood, FL 33020

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 Florido y

Enter Florida street address SS Florida ST Florida ST

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				□ Remove
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