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COVER LETTER

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Division of Co	orporations	•			
SUBJECT:	Two World	s and Beyond, LLC			
Sobole 1.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Mary Rose Gray			
	Name of Person				
	Two Worlds and Beyond, LLC				
		2567 Tremont Drive			
		Address			
	Eustis, FL 32726				
	City/State and Zip Code				
	Twoworldsandbeyond1@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:			
Ma	ary Rose Gray	at (_352)	434-9769		
Name	of Person	Area Code & I	Daytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TQ:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 FEB 20 AM 11: 05

Two W	orlds and Beyond, L	LC SECHETARY	OF STA SE	
(A Flor	pility Company as it now apperida Limited Liability Company	ars on out recordants	E. FLORIDA	
The Articles of Organization for this Limited Liabili	ty Company were filed on	April 28, 2009	and assigned	
Florida document number L0900041076	<u>.</u> .			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company he	ere:		
The new name must be distinguishable and end with the 'L.L.C."	•	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicables				
(Principal office address MUST BE A STREET AL	<u>DDRESS)</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	2			
	•			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the	he name of the new	
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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager A = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 	· ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a		e(s) here: (Attach additional sheets, if necessary.) on to the current purpose, we will offer	
	services, such as public lectures, med	diumship services and demonstrations.	- -
	manuals and CDs and any associated		71LE 20
Dated _	2/17 , 20	12 ORIDA	AMIH: 05
	M	or addicrized representative of a member ary Rose Gray	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00