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SECRETARY OF STATE

COVER LETTER

SUBJECT: Beyond Our Nill Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Eric de luscan Name of Person Beyond Our Will IIC Firm/Company 2325 SE 10th Court Address Pappane Pack 12 32062 Eryon down Will G. amail. com	
Please return all correspondence concerning this matter to the following: Eric de Juscan Name of Person Beyond Our Will IIC Firm/Company 2325 SE John Court Address	
Eric de luscan Name of Person Beyond Our Will UC. Firm/Company 2325 SE 10th Court Address	
Beyond Our Will UC. Firm/Company 2325 SE 10th Court Address	
2325 SE 10th Court	
Address	
Process Real 17 72067	
Yompane Feach FL 32062 ARE City/State and Zip Code	• . :
H-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	7
Eric de luscan at (954) 326 - 1920 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Our M (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L.1200001979&</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		2012 P
(Principal office address MUST BE A STREET ADDRESS))	AHAR AR
		16 NR NSSE
		(1974) (1974) (1974)
F-4		თ თ
Enter new mailing address, if applicable:		ORID ORID
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
Name of New Registered Agent:		***************************************
New Registered Office Address:	Enter Florida street a	address
	<u> </u>	
	, Florida,	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	Anthony Amastasi	370 SE 14th Ave. Pompono Beach, FL 3306	Add O Remove
MGRM	Eric deTuscan	2325 SE JOHN Court Pompono Beach, FL 3301	Add 2 Remove
<u>MGRM</u>	Decibel Artist Maragener	1 2325 SE Joth Court Pompens Beach, FL 386	Add Remove
			Add Remove
			Add Remove
•			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	2012 MAR 16 SECRETARY:
			AM & 32
Dated	3/13/12	·	
	Rela Fric o	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00