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FILED 2114 JUL 21 P 3: 20 SECRETARY OF STATE SECRETARY FLORIGA

B. BOSTICK JUL **2 1** 2014

FYWMMFF

COVER LETTER

Division of Corporations		and the
SUBJECT: Beyond	Innovation, LL ne of Limited Liability Company	_
Na	ne of Limited Liability Company	
The enclosed Articles of Amendment and fee() are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Alex	ander York Name of Person	
	Name of Person	
Bey	ond Innovation	in, LLC
	- mis-company	
\times	Ocala Rd	Ste 300-222
	Address	
<u> </u>	· · ·	222-11
<u> I cula</u>	City/State and Zip Code	32304
Aliv		₹ \$
HWIQ F-mail	address: (to be used for future annual report	notification)
		SECRETAR SECRETAR ASS
For further information concerning this matter	please call:	21 SSE
Alexander York	at (<u>\$50)</u> 37	notification) CRETARY OF G-3802
Name of Person	Area Code Da	ytime Telephone Number
		20 RIB/
P. J. Line short for the following		<i>ye</i>
Enclosed is a check for the following amount:		
□ \$30.00 Filing Fee Certificate of		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Deyond I	innovation LC
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L12000 131</u>	Company were filed on 10/16/2012 and assigned 21.4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the words "L	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 ADD	PRESS)
Enter new mailing address, if applicable:	AR J
(Mailing address MAY BE A POST OFFICE BOX)	SST 2
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, entered name of the new dress 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Silva	800 Ocara Rd	ÆKAdd
		Ste 300-222	□ Remove
		Tallahassee, FL 32	? <u>30</u> 4
			Add
			□ Remove
			Add
			□ Remove
			□ Add
		ALLA	Remove
		ASSE	2 Add
		ALLAMASSEE. FLOR	Add To
			20
			Add
			□ Remove

ective	late, if other than the date of filing:(optional)
ective effective date thi	date, if other than the date of filing:
date thi	late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) TMY 10 2014
date thi	late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Tuly 10, 2014
ective effective date thi	date, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) July 10, 2014 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

2014 JUL 21 P 3: 20
SEGRETARY OF STATE
AND AHASSEE, FLORID