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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

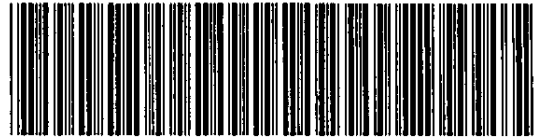
(Business Entity Name)

(Document Number)

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2018 MAR 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2018

J. SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Care Beyond Belief LLC
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:

Sonja Lee
Name of Person
Care Beyond Belief LLC
Firm/Company
5630 Wickford lane
Address
Pensacola, FL 32526
City/State and Zip Code
cbbelief@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonja Lee at (850) 716-7865
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

Care Beyond Belief 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 march 8, 2017 and assigned
Florida document number L17000053819

This amendment is submitted to amend the following:

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

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)

5630 Wickford Lane
PENSACOLA FL 32526

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5630 Wickford Lane
PENSACOLA FL 32526

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:

Sonja Lee

New Registered Office Address:

5630 Wickford Lane

Enter Florida street address

pensacola

City

Florida

32526

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.

Sonja Lee

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>
MGR	Rodney L Lee	3900 Baywoods Dr.	<input type="checkbox"/> Add
		Pensacola FL 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sonja L Lee	5630 Wickford Lane	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Evelyn Yates	7827 Woodpointe Dr.	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 26 PM 1:41
SECONDARY OF STATE
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 20th, 2018

Sonya Lee
Signature of a member or authorized representative of a member

Sonja Lee
Typed or printed name of signee