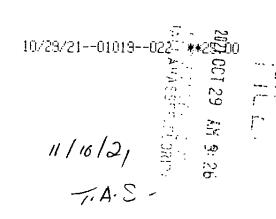


(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Name C	hanse.	Arvena.

Office Use Only





COVER LETTER

	gistration Sec ision of Corp			
SHRIECT.	Beyond Kin	ks, LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		Tera Stewart		
Beyond Kinks, LLC Name of Limited Liability Company				
		Name of Limited Liability Company		
			Firm/Company	
		2780 E Fowler Avenue #163 Address		
			Address	
		Tampa, FL 33612		
		tera.stewart16@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Tera Stewar	t			
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Street Address: Registration Section 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 Kinks, LLC	and as it now appears on our reports t	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/11/2021	and assigned
lorida document number L18000048649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Pair 3, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2780 E Fowler Avenue #163	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33612	
Inter new mailing address, if applicable:	2780 E Fowler Avenue #163	219
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33612	001 21 2112
		F: 72
		77 P
3. If amending the registered agent and/or registered office	address on our records, enter the	name of the next register
gent and/or the new registered office address here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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 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>	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
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		 	<u> </u>	PK 12:
			DRADE	21
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applica cument's effective date on the Department of State's records.	o date of filing or more ble statutory filing ro	(optiona than 90 days after fili equirements, this da	ng.) Pursuani	t to 605.020 be listed a
ecord specifies a delayed effective date, but not an effective tin s filed.	me, at 12:01 a.m. on (he earlier of: (b)	The 90th da	ay after the
ted October 26th				
Signific of a member of with	rized representative of	i member		
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