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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Byond Flo	Address Living Standard Liability Company The Company Firm Company Firm Company Firm Company Address Address Address Address Living Law Loss & Cloud. Com Benail address: (to be used for future annual report notification) This matter, please call: Acquely at 186 Area Code Daytime Telephone Number Living Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Dean	Name of Person	
		Firm/Company	
	102 Water	VIEW Dr.	
	Lake Wo	Hh, FL. 334	401
	byondf E-mail address: (0	laulesse i cluso de used for future annual report notific	oud. com
For further information of	concerning this matter, please ca	d1:	
<u>Deana</u>	Jacquely	at (784) 483 - Area Code Daytime	4118 Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 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

B'yand Fla	auks Studio
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \$\sum \frac{18000074013}{\sum}\$.	y were filed on 03/22/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	ndless. LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1055 N.E. 126th St. # 302 North Miami, FL 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 610156 Miami, FL. 33261
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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:	٠ ن
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action	
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			□ Remove	
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