L18000216117

(Req	uestor's Name)	
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COVER LETTER

Division of Corporations SUCCESS
SUBJECT: Beyond Same of Limited Liability Company 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:
Kally Blanco Name of Person
Firm/Company
292 Sto 6 Aug Address
Homested FC 33630 City/State and Zip Code
Hell, Blanco a gol, com E-manual dress: (to be used for nutre annual report notification)
For further information concerning this matter, please call:
Kelly Blanco Name of Person at (786) 985-6624 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$260.00 Filing Fee, 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

Name of the Limited Liability C (A Florida Lin	A cactern UC ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number <u>L 18000216117</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Beyond Success Acade The new name must be distinguishable and contain the words "Limited"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.	Manager Kelly Blanco 292 SW 6 Ane Homested FL 33030
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	292 SW G Aug HomeHeal Fl 33030
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	Blanco
New Registered Office Address: 292 Home	Enter Florida street address Florida 33030 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.

11 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>	Name	Address	Type of Action
Work	Kelly Blanco	292 SW 6 AND Hometed FC 33070	Add
			□ Remove
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Effective date, if other than the date of filing:		1
Effective date, if other than the date of filing:	<u></u>	· · · · · · · · · · · · · · · · · · ·
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Dated		
Dated	6 th - ·	
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Signature of a member or authorized representative of a member	Dated_	1 1017 2015
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00