

L19000028684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

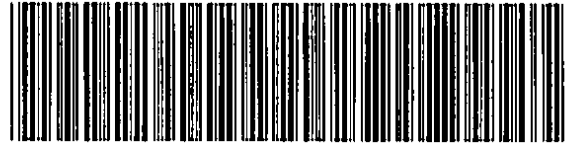
(Business Entity Name)

(Document Number)

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2020 OCT 23 PM 4:50
SEC. CLERK OF SUP.
TALLAH. FL.

L.A.
12/02/20

COVER LETTER

TO: Registration Section
Division of Corporations
Beyond Medicine

SUBJECT: _____
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:

Alyaz Somji

Name of Person

Beyond Medicine LLC

Firm/Company

9100 Conroy Windermere Rd, Suite 200

Address

Windermere, Florida 34786

City/State and Zip Code

info@beyondmedicine.clinic

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyaz Somji

407

490-3486

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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**

Beyond Medicine

(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 01/28/2019 and assigned
Florida document number L19000028684.

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)

9100 Conroy Windermere Rd, Suite 200

Windermere, Florida 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9100 Conroy Windermere Rd, Suite 200

Windermere, Florida 34786

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:

Alyaz Somji

New Registered Office Address:

9100 Conroy Windermere Rd, Suite 200

Enter Florida street address

Windermere

City

Florida 34786

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 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	Alyaz Somji		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9100 Conroy Windermere Rd Suite 200, Windermere, Florida 34786	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
		anyone else	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove any information about northwestern registered agent, st. petersburg addresses.

all information should reflect 9100 conroy-windermere rd suite 200, Windermere, FL 34786 and Alyaz Somji only.

10/21/2020

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

10/20 20
Dated _____



Signature of a member or authorized representative of a member

Alyaz Somji

Typed or printed name of signer