L19 000 299041

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900344023069

05/11/20--01034--001 **50.00

2020 M. 7.1.7 4 9: 56

C GOLDEN MAY 2 9 2020

COVER LETTER

ction porations	*	
ED LばC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
DIENDRA CORBETTE		
	Name of Person	
BEYOND MEDICAL SO	LUTIONS	
Name of Person BEYOND MEDICAL SOLUTIONS Firm/Company 1572 NF 151 TER Address NORTH MIAMI FL 33162 City/State and Zip Code LOUCORB210@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: CORBETTE Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Filing Fee,		
1572 NE 151 TER		
	Address	
NORTH MIAMI FL 3316.	2	
LOUCOPRILOGGMAIL	· · · · · · · · · · · · · · · · · · ·	
-		fication)
	·	·
	786 580-7241	
Person		e Telephone Number
following amount:		
_	S\$5.00 Filing Fee &	C \$60.00 Elling E
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
ection	Street Address: Registration Sec	etion
	Name of Line Name of Line Name of Line Amendment and fee(s) are substituted and the concerning this matter DIENDRA CORBETTE BEYOND MEDICAL SO 1572 NE 151 TER NORTH MIAMI FL 3316 LOUCORB210@GMAIL.C E-mail address: (Incerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.) Following amount: S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: DIENDRA CORBETTE Name of Person BEYOND MEDICAL SOLUTIONS Firm/Company 1572 NE 151 TER Address NORTH MIAMI FL 33162 City/State and Zip Code LOUCORB210@GMAIL.COM E-mail address: (to be used for future annual report notineerning this matter, please call: Person at (186

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

... <u>...</u>

VIRTUEMED LLC (Name of the Limited Liability Company 2s it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/20/2019 ____ and assigned Florida document number L19000289041 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEYOND MEDICAL SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1572 NE 151 TER Enter new principal offices address, if applicable: NORTH MIAMI BEACH (Principal office address MUST BE A STREET ADDRESS) FL 33162 1572 NE 131 TER Enter new mailing address, if applicable: NORTH MIAMI BEACF (Mailing address MAY BE A POST OFFICE BOX) FL 33162 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
AMBR	DORA GIL	1818 SW 1ST AVE	□Add
		APT 810	
		MIAMI FL 33128	
			□Remove
			□Change
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			
			Remove
_			□ Add
			□ Remove

-					 .	_			
			<u> </u>			_			
									
									
						_			
									_
								_	
			_						
<u>. </u>			-	_				<u>-</u>	
								<u>_</u>	
			·						
								- -	<u>_</u>
_			<u> </u>		_	<u> </u>		<u> </u>	
									
					<u> </u>				
									
If an effective Note: If the	late, if other edate is listed, the edate inserted effective date	ne date must be in this block	specific and does not me	cannot be prior	to date of filicable statuto	ng or more the	n 90 days after in the street of the street	Sliner \ Durenname	to 605.0207 be listed as
e record spe ed is filed.	cifies a delaye	d effective da	te, but not a	in effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after the
Dated	3/2020		,		·				
	~ 1	+11							
_	(1) 1.0P		otura c C -	nest a			ember		