Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040

Email Address:____

Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEYONDCARE@HOME LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

HOV 16 2021

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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
	ARE@HOME LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	GAIL ORTIZ		
		Name of Person	
	BEYONDCARE@HOME	LLC	
		Firm/Company	
	2329 E ROBLE DR		
		Address	·
	KISSIMMEE, FL 34746		
	<u></u>	City/State and Zip Code	
	BEYONDCAREATH@GM	AALL.COM to be used for future annual report no	tification)
For further information of	e-mail address: (igrounding
GAIL ORTIZ	oncoming that the say, persons	321-443-69	
	f Person	at ()Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
🖭 \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 633	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEYONDCARE@HOME LLC		2021
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our records.) ability Company)	NOV
The Articles of Organization for this Limited Liability Company vi Florida document number L20000161763	were filed on <u>06/11/2020</u>	and assigned HORATIO
This amendment is submitted to amend the following:)
A. If amending name, enter the new name of the limited liabi	lity company here:	
BEYOND CARE SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ıddress on our records, <u>enter the धप्रत</u>	ie of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
Non- Degistered Agent's Signature if changing Registered Agent:	•	

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>	Address	Type of Action
			DAdd
		□Remove	
			□Change
			□Add
		□Remove	
			□ Change
			□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after stote: If the date inserted in this block does not meet the applicable statutory filing requirements, this occument's effective date on the Department of State's records.	ntal) filing.) Pursuant to 605 date will not be list	.0207 (3 ed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) i is filed.	The 90th day afte	r the
Dated		
Signature of a member of strionzed representative of a member		
\ / /		

Filing Fee: \$25.00