L20000161763

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10/17/23--01009--010 **25.00

COVER LETTER

TO: Registration : Division of C			
BEYONI	CARE SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	A control to the second
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	GAIL ORTIZ		
		Name of Person	
	BEYOND CARE SERVIC	ES LLC	
		Firm/Company	
	2329 E ROBLE DR		
		Address	
	KISSIMMEE, FL 34748		
		City/State and Zip Code	·
	BEYONDCAREATH@GN		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
GAIL ORTIZ		321-443-691	3
Name	of Person	at ()	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 6327 The Centre of Tallahassee			`allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2023 OCT 17 PM 2:47

BEYOND CARE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records: VALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Compan	y were filed on JUNE	11, 2020	and assigned
Florida document number L20000161763			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	;	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desig	gnation "LLC" or the al	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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, <u>enter the n</u> an	e of the new registered
New Registered Office Address:	Enter Florida	street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	t:		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this cap te performance of my s provided for in Cha	y duties, and I am _e apter 605, F.S. Or,	familiar with and 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
AMBR	MIGUEL MAYSONET	2329 E ROBLE DR	□Add
		KISSIMMEE, FL 34746	■Remove
			□Change
AMBR	GAIL ORTIZ	2329 E ROBLE DR	□Add
		KISSIMMEE, FL 34746	□Remove
			Change
MGR	JACKELINE ROSARIO	2329 E ROBLE DR	■Add
		KISSIMME, FL 34746	□Remove
			□ Change
			□Add
			[*]Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: PN 2:17 PN					
Effective date, if other than the date of filing: 170 1701/2023 (optional) 17 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 605.020 Note: If the date instend in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. Precord 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 rd is filed. Dated October 7 2023 Signature of a member or authorized representative of a member					
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	Dated October 7	\mathcal{J}	. 2023		
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Filing Fee: \$25.00