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(((H22000431905 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484

Fax Number : (407)604-6519

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

Email Address: ____Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BEYOND LOG LLC**

Certificate of Status	1
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20.78.022

Tallahassee, FL 32314

COVER LETTER

		•	
BEYOND	LOG LLC		
SUBJECT:	Name of Lin	ited Liability Company	_
The malared Swister of	Name of the Assessment	aminus Car Claus	
riease return an correspo	ondence concerning this matter	to the following.	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
	Name of Person Medeinos Souza corp		
	845 N GARLAND AVE.	STE 100	2022
		Address	
	ORLANDO, FL 32801		27
	contact@medeirossouza co		
	_		
For futher information of	concerning this matter, please c	all:	6
Rubem Souza			
Name o	of Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee		Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Teate of Status & Ted Copy
_	Section Torporations	Registration Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lir	nited Liability Company as it now a (A Florida Limited Liability Comp	any)	
The Articles of Organization for this Limited Florida document number 1.20000277658	Liability Company were filed o	on <u>05/09/2022</u> and assign	ned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compar	ny here:	
Beyond Digital LLC		· I	20
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "LLC"	<u></u> 29 €
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	SET ADDRESS)	22	27
		714	
		Ţ <i>U</i> • N−	DEC 27 FH 1:46
Enter new mailing address, if applicable:			9 1
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ress here:	our records, <u>enter the name of the new r</u>	<u>egisterec</u>
Name of New Registered Agent:	MICHEL ARAUJO DANTA	S	
New Registered Office Address:	1505 W LANDSTREET RD.	, STF 803	
-	Ente	r Florida street address	
	Orlando	. Florida ³²⁸²⁴	
	Cuv	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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
			□Remove
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			2022
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			<u>.</u>
 (If an effective date is listed, the date must 	e date of filing: st be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing requi Department of State's records.	i 90 days after filing.) Pursuant to 605.0	207 (3)(b) I as the
the record specifies a delayed effective cord is filed	re date, but not an effective time, at 12.01 a.m. on the i	earlier of: (h) . The 90th day after t	he
Dated Orlando	12/24/2022		
1.			
<u></u>	Signature of a member or authorized representative of a me	ember	