## K21000201232

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ
L,		]

Office Use Only



300366437213

US/28/21--U1027--024 \*\*30.00

\*0 ZZZZ CZZZZZ

0/25/21 R

## **COVER LETTER**

TO: Registration Sec Division of Corp			
Beyond Hor	izons Counseling and Support	ive Services, LLC	
SUBJECT:	Name of Limi	ted Liability Company	,
Please return all correspo	ndence concerning this matter	to the following:	
	Kamala Oruaniabo		
		Name of Person	
	Beyond Horizons Counsel	ing and Supportive Services, LLC	
		Firm/Company	
	3625 Stuart Street		
		Name of Person  orizons Counseling and Supportive Services, LLC  Firm/Company  at Street  Address  le, FL 32209  City/State and Zip Code  zons2017@gmail.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (	
	Jacksonville, FL 32209		
		City/State and Zip Code	
	beyondhorizons2017@gma		<del></del>
			ification)
For further information c	oncerning this matter, please c	all:	
Kamala Oruamabo		= '	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of C P.O. Box 633	Section Corporations 27	Registration So Division of Co The Centre of	rporations Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Horizons Counseling and Supportive Services, LLC (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 April 30, 2021 \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Beyond Horizons Counseling Corner UC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 \_, Florida <sub>-</sub> 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
			□Add
			□Remove
		16-16-	
			🗆 🗆 🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			☐Change
	<del></del>		
			□Remove
			☐ Change
		<del></del> -	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		<del> </del>	-		
					<del></del>
	-				
	-				
	, <del>-</del>				
			<del></del>	<del></del>	
	·				
					<del></del>
					<del></del>
	<u> </u>				
	<u> </u>				
· · · · · · · · · · · · · · · · · · ·					
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Do	ock does, not meet	tne appucatite s	of filing or more the atutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to 605.0207 I not be listed as
e record specifies a delayed effectiv rd is filed.	e date, but not an c	effective time, at	12:01 a.m. on the	earlier of: (b) The 90	Oth day after the
Dated May 25	21	021			
CARO	Signatury of a mem	·			
	Cianatule of a mam	her or authorized	representative of a n	iember	

Filing Fee: \$25.00