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COVER LETTER

	ivision of Corp					.,: ., :			
0110 IN O	ByondBless	ed.net LLC							
SUBJECT	I:	Name of Limi	ited Liability Compa	any		,	-		
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please reti	urn all correspo	ndence concerning this matter	to the following:						
		Joseph Hoolihan							
		 	Name of Per	son	<u> </u>	_			
			Firm/Compa	any		•			
	1010 Tidewater Shores Loop Unit 305					SECH TAI	2021 JUL 30		
			Address				<u> </u>		7
Bradenton / Fl 34208					·:	ARY	30		
			City/State and Zi	ip Code			N N	PK	117
		info-support@beyondblesse	:d.net				m _S	င္မာ	
		E-mail address: (to be used for future	e annual re	port notificati	ion)	产品	PM 3: 03	
For furthe	er information c	oncerning this matter, please co	all:				,,,	ω.	
Joseph H	oolihan		727 at (271-9)	9980	<i>:</i>			
	Name o	f Person	Area Co	ode	Daytime Te	lephone,Nu	ımber		
Enclosed	is a check for t	ne following amount:							
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Fili Certified C (additional co	Сору		Cert	00 Filing tificate o tified Co itional cop	of Statu ppy	
]	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	F E T 2	Division Γhe Cent 2415 N.	dress: tion Section of Corpor tre of Tall Monroe S see, FL 32	rations ahassee treet, Su	ite 81 0	ı	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ByondBlessed.net LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	iny as it now appear: Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on $\frac{7/26}{1}$	6/2021	and assigned
Florida document number 500370644045				
This amendment is submitted to amend the follow	ing:		· ·	
A. If amending name, enter the new name of th	he limited liab	oility company he	ere:	
BeyondBlessed.net LLC			•	c 23
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	N/A	. T	RE JUL
Principal office address MUST BE A STREET.	ADDRESS)		<u> </u>	30
				SO 79
Enter new mailing address, if applicable:		N/A		3: 03 STATE E. FL
Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>		<u> </u>	
			Ţ	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our re	ecords, <u>enter the na</u>	ame of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A		•	
new negative office Addition.		Enter Flor	rida street address	<u> </u>
			. Florida	

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>	<u>Address</u>		Type of Action
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ocument's effective date on the Department of Sta		this date will not be fisted
record specifies a delayed effective date, but not as	effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
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Signature of a me	mber or authorized representative of a member	

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