## 121000489997

(Re	equestor's Name)	
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PICK-UP	TIAW [	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del>-</del>		
	Office Use On	lv



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T. **MATTHEWS**JAN 2 6 2022



RECEIVED

2022 JAN 14 AM 8: 07

SECREMAY OF STATE TALLAHASSEE, FL

December 15, 2021

TANYA ABREU 3605 GULFSTREAM RD LAKE WORTH, FL 33461

SUBJECT: BEYOND BIG MOUNTAIN LLC

Ref. Number: L21000489997

We have received your document for BEYOND BIG MOUNTAIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 821A00030300

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CHID IF CT.	Beyond Big Mou	ntain LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Tanya Abreu, Registered A	Agent	
	<del> </del>	Name of Person	
	Beyond Big Mountain		
		Firm/Company	
	3605 Gulfstream Road		
	<u></u>	Address	<del>-</del>
	Lake Worth, FL 33461		
		City/State and Zip Code	
	tabreu@abreuandassociates		
	E-mail address: (	to be used for future annual report no	tification)
For further informatio	n concerning this matter, please c	all:	
Tanya Abreu		561 <del>330 1020</del> at ( )	358-5230
Nam	e of Person	Arca Code Daytii	me Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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)
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 37 14 77 9: 02

BEYOND BIG MOUNTAIN		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our red mited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on November 15.	, 2021 and assigned
Florida document number 500376611425		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>ss)</u>	
		<del>.</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my duties nt as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, 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

Title A	<u>Name</u>	<u>Address</u>	Type of Action
Title of R	Tanya Abreu	3605 Gulfstream Road	<b>=</b> Add
		Lake Worth Florida 33461	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date for the date	if other than the is listed, the date mus e inserted in this ble ctive date on the Do	t be specific and ock does not n	d cannot be prior meet the applic	r to date of filing able statutory:	or more than 90 da	( <b>optional)</b> lys after filing.) I nts, this date w	Pursuant to 605.0207 ill not be listed as
record specifies	s a delayed effectiv	e date, but not	t an effective t	ime, at 12:01 a	m. on the earlie	r of: (b) The	90th day after the
ated Novembe	er 29	) _	, 2021	·			
	- brey cours	~					<u></u>
	- by coll	signature of a	member or auth	orized representa	nive of a member	<del>.</del>	

Filing Fee: \$25.00