Florida Department of State Division of Corporations

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(((H22000365605 3)))



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From:

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COVER LETTER

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'1 t e s er	acir.		AN ZOBO LLC	
N ISJ I	ECT:	Name of Limi	ited Liability Company	
îhe en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease	return all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249.	#220	
			Address	
		HOUSTON, TX 77064		
		EPILE1234@INCFILE.CO		
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For fu	ther information c	oncerning this matter, please ca	all;	
LOVE	TTE DOBSON		1 888-462-345	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for t	ie following amount:		
≡ \$2	5.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000365605 3)))

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
, , , , , , , , , , , , , , , , , , ,	and assigned
Florida document number 1.22000069725	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
RISE BEYOND LLC	
The new name must be distinguishable and contain the words "Limited 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 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	e name of the new registered
agent and/or the new registered office address here:	0221
Name of New Registered Agent:	APPI PIL PIL PIL PIL PIL PIL PIL PIL PIL
New Registered Office Address:	
Emer Florida street address, Flori	00 C
Cuy	Zip Geste
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 furth provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	Lam familiar with and

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: (((H22000365605 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			∩Change
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lote: If th	date, if other than we date is listed, the date he date inserted in thi 's effective date on the	s block does not	t meet the appli	cable statutory li	nore than 90 days a ing requirements.	otional) fter filing) Pursuant to this date will not be	5 605,020 clisted as
record sp I is filed.	occifies a delayed effe	ctive date, but n	ot an effective	time, at 12:01 a.n	n, on the earlier of	(b) The 90th day	after the
Occ	otber, 25th		2022	·			
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		Simona si	a manager ar and	horized representat	ive of a member		
		Signature or	Willest Or and				

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