L22000121300

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COVER LETTER

то:

FO: Registration Sec Division of Corp			
_{suвјест:} Beyon	d Wellness He	althcare LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Dawn White		
		Name of Person	
	Beyond Wel	llness Healthcare LLC	
		Firm/Company	
	7901 4TH ST	N STE 300	
		Address	
	St. Petersbu	ırg, FL 33702	
	Dawnwhita	City/State and Zip Code	
		23@gmail.com to be used for future annual report notification)	
For further information co	ncerning this matter, please c	all:	
Dawn White		813 、2934917	
Name of	Person	at (813) 2934917 Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certified Copy (additional copy is	Status &
Mailing Address Registration S	ection	Street Address: Registration Section Division of Corporations	
Division of Co P.O. Box 6327	•	Division of Corporations The Centre of Tallahassee	
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Wellness Healthca	are LLC				AHAS	APR	
		any as it now an	nears on ou	r records.)	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	28	
(Name of the Limited Li (A F	lorida Limited	Liability Compa	ny)		က်င္ဆ	-	
			02/00/	22	유민	AH	_
The Articles of Organization for this Limited Liabil	ity Company	y were filed or	1 03/09/		an @ss lig Siri	m € @	
Florida document number L22000121300					<u>5</u> 7	50	
					1 -		
This amendment is submitted to amend the following	ıg:						
A. If amending name, enter the new name of the	limited lial	oility compan	v here:				
N/A			_				
The new name must be distinguishable and contain the words	"Limited Liab	ility Company,"	the designati	on "LLC" or the abl	breviation "L.L.	С,"	-
		N/A					
Enter new principal offices address, if applicable	•				 		-
(Principal office address MUST BE A STREET A)	<u>DDRESS)</u>						-
			,				_
Enter new mailing address, if applicable:		N/A					
••							-
(Mailing address MAY BE A POST OFFICE BOX	7)						-
			·				_
B. If amending the registered agent and/or regist		address on o	ur records	, enter the name	e of the new	registe	rec
agent and/or the new registered office address he	<u>re</u> :						
Name of New Registered Agent:	I/A						
Thin of the Wineston Tigoth.							-
New Registered Office Address:							_
	Enter Florida street address						
				Florida			
	·-··-	Ciţy		, Florida	Zip Code		•
New Registered Agent's Signature, if changing Regis	tered Agent	:					
		-					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at							the
accept the obligations of my position as registere							

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
AMBR	Dawn White	1118 Soaring Osprey Way	, ZAdd
		Valrico, FL 33594	
AMBR	Lorna Stobbs	1504 Oak Valley Blvd	
		Minneola, FI 34715	□Remove
			Change
			C Add
			□Remove
			Change
		**************************************	⊡Add
			□Remove
			= Change
			
			□ Remove
			Change
			□Remove
			_Change

				
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ctive date, if other than the da	ite of filing:		(option:	ા!)
effective date is listed, the date must be If the date inserted in this block iment's effective date on the Department.	k does not meet the ap	plicable statutory filin		
ord specifies a delayed effective of filed.	late, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d 04/23/2022	1:00	РМ		FALL
	kx A			ALLAHA SEE

Filing Fee: \$25.00

Typed or printed name of signee