## K22 CCC201967

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2022 HAY 31 AM 9: 40 SECRELARY OF SIME TALL AHASSEELFL

## COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: Every.	thing & Beyond, LLC Name of Limited Liability Company
	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Latoya Coebster  Name of Person
	Everything & Beyond, LLC
	18117 Biscayre Blud Suite 2411
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
Latoya (	erson at 954 851 3685  Area Code Daytime Telephone Number
Enclosed is a check for the f	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Everything & Bayon	id, LLC	2022 HAY 31 AM 9: 40
Every thing & Boyon (Name of the Limited Liability Co) (A Florida Limit	mpany as it now appears ( ted Liability Company)	ON OUR REGISTRATE TALL AHASSEF, FI
The Articles of Organization for this Limited Liability Comp.	any were filed on	1-28-22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here	:
The new name must be distinguishable and contain the words "Limited L	liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our rec	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	ı street address
		, Florida
	City	Zip Code

## 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 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 Name **Address** Type of Action Suit 2411 Somuel Webster 18117 Biscayne Blvd DAdd Micmi Fl 33160 Remove □Change \_\_\_\_\_ □Add □Remove \_\_\_\_\_ Change □Add □Remove □Change □Remove □Add \_\_\_\_\_ □Change □Remove ☐ Change

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