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(Business Entity Name)
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COVER LETTER

		COVERLETTER
TO: Registration Se Division of Cor		
	Barada	`\` ~
SUBJECT:	Beyond Nutr	nited Lighting Company
	rume () 130	mee Editine, Company
The enclosed Articles of .	Amendment and fee(s) are sul	bmitted for filing.
Please return all correspo	ndence concerning this matter	r to the following:
	Sabru	Name of Person
	Beyax	+ Nutrition LLC Firm/Company
	2400	NE 65th St. Apt. 618 Address
	- Fort L	Ovolerdale FL 33308 City/State and Zip Code
	Sahrinay E-mail address: (mariah 24 @ amail - Com to be used for future annual report notification)
For further information co	ncerning this matter, please c	all:
Sabrina M	1. Velez	at (954) 899-2042 Area Code Daytime Telephone Number
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	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) ☐ Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Section
Division of Co	rporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Beyond Nutrition (Name of the Limited Liability Compa (A Florida Limited I	DN LLC 2023 JUL -6 AM 8: 38
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L22060266144</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2400 NE 65th St. Apt 618
Principal office address MUST BE A STREET ADDRESS)	Fort laxbirdale, FL 333CR
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
iew 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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an errec ote: 1	e date, if other than the date of filing: 1011, 2023 (optional) two date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
, came	a sentence date on the Department of State's Tecords.
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
ited _	July 1, 2023 / 1
	Signature of a member or authorized representative of a member