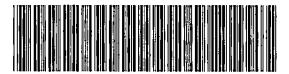
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Division of Corpo			
	S DEVELOPMENT, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fec(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	KIMBERLY CERRATO		
		Name of Person	
	BEYOND US DEVELOPM	MENT, LLC	
		Firm/Company	
	562 N. NAUTICAL BLVD		
		Address	
	ATLANTIC BEACH, FL 3	2233	
		City/State and Zip Code	
	house2homebuyers@gmail.c	com o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca		
KIMBERLY CERRATO		904 334-3153 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Se	ction
Division of Co		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) (8/15/2022)		
The Articles of Organization for this Limited Liability Company were filed on 08/15/2022			
Florida document number L22000356624		and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbrevi	ation "LI	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)	> <u>-</u>	25.23	,
B. If amending the registered agent and/or registered office address on our records, enter tagent and/or the new registered office address here:	he name of	the nev	<u>registere</u>
Name of New Registered Agent:	 	ф 2:	
New Registered Office Address: Enter Florida street address	3- 20-	 €	

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.

Florida_

DocuSign.Envelope ID: 3BE01108-F3FD-4797-8E20-5B5EA04F4D97
II amenuing Authorized rerson(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
MGR	CHRISTINE KING	562 N. NAUTICAL BLVD	≡ Add
		ATLANTIC BEACH, FL 32233	□Remove
			□Change
			□Remove
			☐Change
			□Add
			Remove
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Effective date, if other than the difference of the date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior: Ek does not meet the applica	to date of filing or more than	i 90 days after filing.) Pursuant to	605,0207 listed as
	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ister the
	date, but not an effective to			
e record specifies a delayed effective rd is filed. OCTOBER 14	2022			
Dated OCTOBER 14 Dated Eximberly Cerrato	2022	<u> </u>		

Filing Fee: \$25.00