## L230000920

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
JAN 2 3 2023				

Office Use Only



000399480620

01/23/23--01013--003 \*\*60.00

RECEIVED

2023 JAN 23 PM 12: 24

SECRETARE OF STATE

SECRETARE OF STATE

TI TO

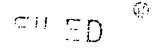
## **COVER LETTER**

O: Registration Section Division of Corpo		
SUBJECT:	Beyond Sun Agency, LC JName of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Victoria He-Id Name of Person	
	Beyand Sun Hacincy	
	POBOX 771917  Address	
	City/State and Zip Code  toriheld@locyind-Sunc Com  E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Victoria Name of P	Held at HUT 5764173  Area Code Daytime Telephone Number	
Enclosed is a check for the  ☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certifie	e of Status &

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



2023 JAH 23 PH 12: 37

Beyond Sun Agency

SECRETARY OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/04/2023}{}$ \_\_\_\_ and assigned Florida document number <u>L23000008920</u> 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 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida <u>\_\_\_</u> Cirv 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 Changing Registered Agent, Signature of New Registered Agent

f 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
AMBR	Victoria Held	PO Box 771917, Orlando, FL 32877	≣∧dd
			□Remove
		·	□Change
			[]Add
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
		<del> </del>	□Change
			□Add
		<del></del>	□Remove
		<del></del>	
			□Add
		<del></del>	Remove
		<del>-</del>	□Change
			□Add
			🗀 Remove
			□Change

						<del></del>	<u>_</u>	_		
	-		<u> </u>				-			<del></del>
							-			_
					<del> </del>					_
										_
										_
	<del>.</del>							<del></del>		_
	-									
					<del>-</del>					_
										_
							<del></del>		<del></del>	_
								<del></del>		_
								•		
										_
						<del></del> _		<u>.</u>	<del></del>	_
an effecti	date, if other ive date is listed, the date inserte	the date must be:	specific and o	cannot be pri			e than 90 days			
ocument	t's effective dat	e on the Depar	tment of St	ate's record	is.	, .	·			
record sp Lis filed.	pecifies a delay	ed effective da	te, but not a	ın effective	time, at 12	2:01 a.m. on	the earlier o	ľ:(b) Th	e 90th day af	ter the
Jar	nuary 14			2023						
estanci			P			( ,	()			
ated			<u> </u>	TNA	<del>\\\\</del>	كالمقرا	<u> </u>			
ated		Sign	nature of a,m	ember or au	thorized repi	resentative of	a member		<del></del>	

Filing Fee: \$25.00