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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer;	

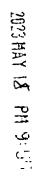
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TO:

Registration Section Division of Corporations

SUBJECT: GONG BEYOND THE SPECTRUM LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Odette Thomas Name of Person
GOING BEYOND THE SPECTRUM LLC
20846 Auburn Leaf TRL
Land O Lakes FL 34638 City/State and Zip Code dettes 9@gmail.com E-mail address; No be used for future annual report notification)
For further information concerning this matter, please call:
Odette Thomas 31,718,930-4357
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GONG BEYOND THE SPECTRUM LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on_	May 3, 2023	and assigned
Florida document number <u>LZ3000218877</u> .		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			^
GOING BEYOND THE	<u>E SPEC</u>	TRUM LL	<u> </u>
The new name must be distinguishable and contain the words. Limited Liabil	lity Company," the	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			023 K
			B .1
			- T
Enter new mailing address, if applicable:		<u>.</u>	-0 [:1
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
			- <u>. Cī</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the name</u>	of the new registered
New Registered Office Address:			
	Enter F	lorida street address	
<u> </u>		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance oprovided for in	of my duties, and I am fa Chapter 605, F.S. Or, ij	miliar with and this document is
If Chai	nging Registered :	Agent, Signature of New Regi	tered 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Dadd
			□Remove
			☐ Change
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Dated 5/15 . 2023 .

**Dated Signature of a member or authorized representative of a member Ode+te Thomas

Typed or printed name of signee