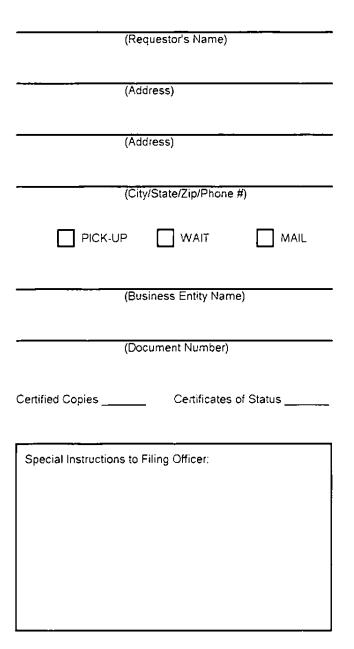
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Office Use Only





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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations			
	BEYANDA SERVISES GROUP LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	d Articles of	Amendment and fce(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		BEATRIZ A. MUNOZ AC	EVEDO		
		Name of Person			
	BEYANDA SERVICES GROUP LLC				
	Firm/Company				
	14140 SW 84TH ST APT 401H				
	Address				
	MIAMI, FL 33183				
			City/State and Zip Code		
		BTATA133@GMAIL.COM			
For further i	nformation c	email address: (oncerning this matter, please of	to be used for future annual report notif all:	ication)	
BEATRIZ /	A, MUNOZ A		786 852-0234		
Name of Person		f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fifting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:			Street Address:	rtion	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of T		
Tal	Habaceae I	FI 32314	7415 N. Monroe	Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEYANDA SERVISES GROUP LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our re orida Limited Liability Company)	<u>ecords.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/14/2024	and assigned
Horida document number L24000079834		
This amendment is submitted to amend the following	<u>g</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
BEYANDA SERVICES GROUP LLC		
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 AL	ODRESS)	
		202
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
maning address MAT BEAT OST OTTICE DON		
		
3. If amending the registered agent and/or registe	I off I draw on one managed or	nton the name of fire new register
3. If amending the registered agent and/or regist agent and/or the new registered office address her	erea omice address on our records, <u>e</u> re:	nter the name of the new register)
	 -	
Name of New Registered Agent:		
V D 1 100 11		
New Registered Office Address:	Enter Florida street a	ddress
		Pluda.
_	Circ	
	·	•

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

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
			□Add
			□Remove
			Change
			□Remove
			□Remove
			□Add
			□Remove
			□Remove
			□Change

-	
_	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
f the record : ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	·
	BENTIENZ N WUNCZ NCEVEDO
	Signature of a member or authorized representative of a member
	BEATRIZ A, MUNOZ ACEVEDO
	Typed or printed name of signee