## L24000307538

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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entry Hume)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:      | Registration Se<br>Division of Cor   |  |   |  |
|----------|--|--|---|--|
| CUPUE    |  | rsing Registry LLC                           |   |  |
| SUBJE    | ited Liability Company   |  |   |  |
| The enc  | losed Articles of  | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please n | eturn all correspo   | ndence concerning this matter                | to the following:   |  |
|          |  | Mayder Reyes                                 |   |  |
|          |  | Name of Person                               |   |  |
|          |  | LLC  |   |  |
|          |  | Firm/Company                                 |   |  |
|          |  |  |   |  |
|          |  | Address                                      |   |  |
|          |  |  |   |  |
|          |  | beyond.nr@gmail.com                          | City/State and Zip Code   |  |
|          |  |  | to be used for future annual report notification)   |  |
| For furt | ner information co   | oncerning this matter, please co             | all:  |  |
| Mayder   | Reyes  |  | 954 632-9518<br>at ( )  |  |
|          | Name of  | f Person                                     | Area Code Daytime Telephone Number  |  |
| Enclose  | d is a check for th  | ne following amount:                         |   |  |
| □ \$25   | .00 Filing Fee   | ■ \$30,00 Filing Fee & Certificate of Status |   |  |
|          | Mailing Address<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | Section<br>orporations<br>7                  | 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

Beyond Nursing Registry LLC (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 07/07/2024 and assigned Florida document number \_\_\_\_\_L24000307538 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 City 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           |
|--------------|--------------|---------------------------------------|--------------------------|
| MGRM         | Mayder Reyes |                                       | □ Add                    |
|              |              |                                       | □ Remove                 |
|              |              | 6609 SW 20th Court Miramar FL 33023   | ■Change                  |
| MGRM         | Sonia Molina |                                       | □ Add                    |
|              |              | · · · · · · · · · · · · · · · · · · · | □ Remove                 |
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| Updating titles from V and             | i VP to MGRM   |                               |   |                   | <u></u> .   |
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| ive date, if other than ti             | he date of filing:   |                               | (option:                                | al)               |             |
| ffective date is listed, the date n    | must be specific and cannot be pri<br>block does not meet the appl | ior to date of filing or more | than 90 days after fili                 | ing.) Pursuant to |             |
|  | Department of State's record                                       |                               | requirements, uns d                     | ate will not be   | 11200       |
|  |  |                               |   |                   |             |
|  | tive date, but not an effective                                    | time, at 12:01 a.m. on        | the earlier of: (b)                     | The 90th day a    | ıfler       |
| iled.                                  |  |                               |   | TALL              | <u>ا</u>    |
|  |  |                               |   | 图别                | 74 JUL 19   |
| July 16th                              | 2024   |                               |   |                   |             |
| July 16th                              |  | ·                             |   | 83                |             |
| July 16th  Mayder Reyes                |  | ·                             |   | es co             |             |
| 1                                      | Signature of a member or au  | thorized representative of    | a member                                | ASSEE, FL         | S ALL OC    |

Filing Fee: \$25.00