P11000024511

(Red	questor's Name)	···
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	





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03/19/13--01018--007 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BEYOND INSTITUTE AND COVER CENTER'IN DOCUMENT NUMBER: PHODOSY511
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAndra Rosario Name of Contact Person Belond institute and Career Center inc Firm/ Company
1644 taza Drive UNIEC
Kissiyyee, F.L. 34743 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Rosario at 321 746-358 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Inco	rporation			
7	of	^	0 - 1		١.
Deyond Institu		Career	Cent	er	ove,
(Name of Corporation as currentl	y filed with the Flo	orida Dept. of State)			
P 110000215	-				
(Document Number	of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	rida Statutes, this F	Iorida Profit Corpora	tion adopts the	e following	; amendment(s) to
A. If amending name, enter the new name of the	corporation:				
	_				The new
name must be distinguishable and contain the v	vord "corporation.	." "company." or "i.	ncorporated"		
"Corp.," "Inc.," or Co.," or the designation "Co	orp." "Inc." or "C	o". A professional c			
word "chartered." "professional association," or t	he abbreviation "F		· • · ()		
B. Enter new principal office address, if applica	ble:	<i>Uo</i>	ne		
Principal office address <u>MUST BE A STREET A</u>	DDRESS)			**	
					13
C. Enter new mailing address, if applicable:		n_{0}	\ <i>U</i>	w.	
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	. 101	1-6		-0 -2
				*	9
					3 3
					<i>†</i> : (
 If amending the registered agent and/or registered agent and/or the new registered. 		ess in Florida, enter th	ne name of the	<u>e</u>	Ö
new registered agent and/or the new register	eu omce audress.	10000			•
Name of New Registered Agent	***	None			
	(Florida stree	et address)			
New Registered Office Address:		, F	lorida		
	(City)	7		Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address Pine Nee de Trais
l) Change	D Angela Sanchez	Kissimmee. FL. 34746
Add Remove		7511 Pine Me & DLE
2) Change	D HECTOR L. Sanche	z traic.
Add		Kissimmee, El. 3474/2
Remove		
3) Change		
Add		
Remove	•	
4)Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add	•	
Remove		

	(Be specific)	Mare
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		····
	iange, reclassification, or	cancellation of issued shares,
If an amendment provides for an exch		
provisions for implementing the ame	ndment if not contained in	n the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	n the amendment itself:
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	n the amendment itself:
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provisions for implementing the ame	ndment if not contained in	n the amendment itself:
provisions for implementing the ame	ndment if not contained in	n the amendment itself:

The date of each amendment(s) adopt	tion:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes east for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated3/	10/13
Signature	adia
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Sandra Rosania
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)