

P20000088009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

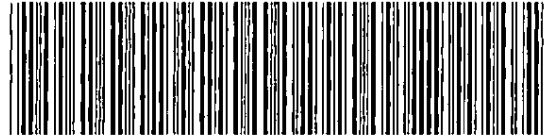
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILE
Filing Office



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2023

BRENT WEISS
4500 BISCAYNE BLVD. SUITE 306
MAIMI, FL 33137

SUBJECT: BEYOND MED PLANS HOLDING INC.
Ref. Number: P20000088009

We have received your document for BEYOND MED PLANS HOLDING INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you date and sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 823A00017754

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STATE OF FLORIDA

SEP 29 11:10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Beyond Med Plans Holding Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brent Weiss

Name of Contact Person

Beyond Med Plans Holding Inc.

Firm/ Company

4500 Biscayne Blvd, Suite 306

Address

Miami, FL 33137

City/ State and Zip Code

Brent@beyondmedplans.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent

at (954) 790-7911

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRET
TALLAHASSEE, FL

2023 AUG 29 PM 1:11
SECRET
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Beyond Med Plans Holding Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Brent Weiss

3131 NE 1st Ave Apt. 1916

(Florida street address)

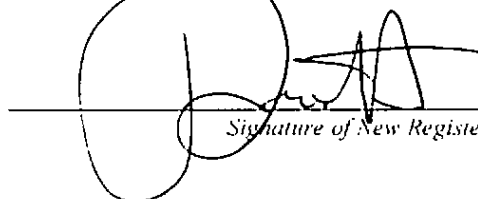
New Registered Office Address: Miami, Florida 33137

(City)

(Zip 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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PT	Shaun Weiss	4500 Biscayne Blvd Ste 306
<input type="checkbox"/> Add			Miami, FL 33137
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	T	Shaun Weiss	4500 Biscayne Blvd Ste 306
<input type="checkbox"/> Add			Miami, FL 33137
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	S	Shaun Weiss	
<input type="checkbox"/> Add			4500 Biscayne Blvd Ste 306
<input type="checkbox"/> Remove			Miami, FL 33137
4) <input type="checkbox"/> Change	PT	Brent Weiss	4500 Biscayne Blvd Ste 306
<input checked="" type="checkbox"/> Add			Miami, FL 33137
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	T	Brent Weiss	4500 Biscayne Blvd Ste 306
<input checked="" type="checkbox"/> Add			Miami, FL 33137
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	S	Brent Weiss	4500 Biscayne Blvd Ste 306
<input checked="" type="checkbox"/> Add			Miami, FL 33137
<input type="checkbox"/> Remove			

5/23/2010 11:10

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

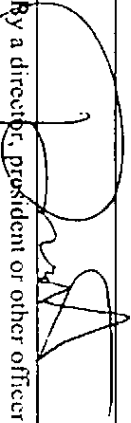
- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated 8/17/2023

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brent Weiss

(Typed or printed name of person signing)

President

(Title of person signing)