

L170000840 49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

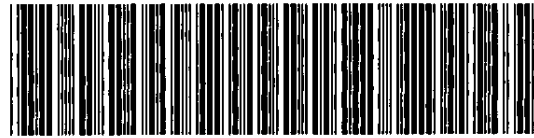
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297890443

04/26/17--01009--004 **25.00

FILED
2017 MAY 10 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 11 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Correct Name of LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dashia Blue
Name of Person

Beyond Logistics, LLC
Firm/Company

7228 Clarcona Ocoee Rd #576
Address

Clarcona, Fl
City/State and Zip Code

32710
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dashia Blue at (407) 761-7391
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

DASHIA BLUE
7228 CLARCONA OCOEE RD #576
CLARCONA, FL 32710

SUBJECT: BEYOND LOGISITICS, LLC
Ref. Number: L17000084049

We have received your document for BEYOND LOGISITICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please enter the type of document to be corrected in the third section of the form.

Please input what is to be corrected in the appropriate section.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00008555

RECEIVED
2017 MAY 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2017 MAY 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ~~Beyond Logistics LLC~~

Beyond Logistics, LLC

SECOND: The Florida Document number of the limited liability company is: 217000084049

THIRD: Document to be corrected is: ~~17000084049~~ Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the company was misspelled in error. Correct spelling is listed above.

Please change to: Beyond Logistics LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Mordine Charles
Signature of Authorized Representative

5/7/12
Date

FILED
2017 MAY 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Mordine R Charles
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)