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DEFANCATION OF LOSTE DIVISION OF CORPORATIONS TALL AHASSEF, PLORIDA

RECEIVED

THAR -7 RESIDENT

J. BRYAN

MAR - 7 2011

EXAMINER

COVER LETTER

SUBJECT: Above and Beyond Hability Company Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kelvin' R. Ellis	
Above and Beyond Habilitation Services, LC	C
1931 Nelby Nay Sufe 5	
Tallahassee, Fl 32308	
Ke-aphsa)embaramali, com	
E-mail address: (to be used for future annual eport notification)	
For further information concerning this matter, please call:	
Kelvin R.Edis at (SD) 386 9232 SS Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

p 22 , 4 ,

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L04000021832 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 end with the words "Limited Liability Company," the designation "LLC" or the "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:

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 608. 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 amenting the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member MGRM Peli R. Eller 1931 Welley Rufes Add Remore Tallahasse, Fl 30318 Remore Tallahasse, Fl 30318 Remore Tallahasse, Fl 30308 Remore Tallahasse, Fl 30308 Remore Remore Tallahasse, Fl 30308 Remore Remore Tallahasse, Fl 30308 Type of Action Title ☐ Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00