

L120000082400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

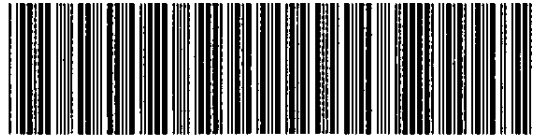
(Document Number)

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Corrections

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2012 JUL -9 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 11 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.C.A SUPPORT COORDINATION LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

SABRINA C ALTIDOR

Name of Person

S.C.A SUPPORT COORDINATION LLC

Firm/Company

2822 VAN BUREN STREET 205

Address

HOLLYWOOD FL 33020

City/State and Zip Code

sabrina.altidor@gmail.com

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

For further information concerning this matter, please call:

Sabrina Altidor

Name of Person

at (954)

347-8500

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

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

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

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 S.C.A SUPPORT COORDINATION LLC

SECOND: The articles of organization or the application to transact business

(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 incorrect statement is the name of the organization.

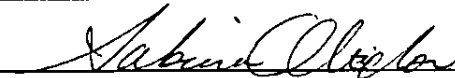
The name is incorrect because it has been changed.

The corrected name shall be: ABOVE and BEYOND SUPPORT SERVICE LLC.

OR

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

Dated: JULY 02 , 2012 .



Signature of a member or authorized representative of a member

SABRINA C ALTIDOR

Typed or printed name of signee

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

2012 JUL -9 AM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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