(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Aboy	ve & Beyone Name of Lim	1 nvestment, ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jacque	line Abramov	ich
	Above & B	beyond Investm Firm/Company	nent, LLC
	2564 nw	82nd terr Address	
	Coral Spri Jackiex E-mail address: (1	ngs FL 3306 City/State and Zip Code o 95 @ hotmail.	COM cation)
For further information con	ncerning this matter, please ca	ail:	
Jacqueline Name of	Abramovich	at ( <u>754</u> ) <u>245</u> - Area Code Daytime	4178 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

Above 3 Beyo		NESTMEN any as it now appears Liability Company)		<u>'_ C</u> rds.)		
The Articles of Organization for this Limited Liab	ility Company		, ,	2015	and a	ssigned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	<u>ne limited lial</u>	bility company he	re:			
The new name must be distinguishable and contain the word	ls "Limited Liab	oility Company," the de	esignation "LL	.C" or the at	breviation "	L.L.C."
Enter new principal offices address, if applicable	le:		<del>.</del>		01%	
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>				9 DEC -5	
Enter new mailing address, if applicable:					S PH :	
(Mailing address MAY BE A POST OFFICE BOX)					3: 26 :::(NS	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our recor	ds, <u>enter</u>	the name	e of the new
Name of New Registered Agent:	Jaco	queline	Abro	mo	rich	
New Registered Office Address:	2564	nw 82 Enter Flori	ida street addr	terr	<u>.                                      </u>	<del></del>
Address same as) before	Coral.	springs City		Florida	3306 Zip Cod	5 e
New Pogistared Agent's Signature if changing Dea	ristanad Agant					

#### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Leonardo Abran	ovich 2564 nw 87	ind terr oadd
		Coral Springs, FC	330 65 <b>D</b> (Remove
			Change
M6R	Jacqueline Abram	ovich 2564 nw 8	2nd terro Add
		Coral Springs,	FL 33065 🗆 Remove
			Change
	# <del>*</del> ·	<b>V</b>	□ Add
			□ Remove
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			□ Remove
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			□ Change

D. If amen	ding any ot	her information, en	ter change(s)	here: (Attach	additional :	sheets, if	necessary.)		
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D DM 4						,			
(If an effec <u>Note:</u> If	ctive date is list f the date inse	her than the date of ed, the date must be spec- erted in this block does date on the Departmen	fic and cannot be not meet the ap	oplicable statut		an 90 days			
		es a delayed effect fter the record is t		t not an effe	ective time	, at 12:(	01 a.m. or	n the earli	er of:
Dated _/	vovem	ber 30th		-11	_				
		Signatur	e of a member or	hyporized repre	sentative of a	member			
		Jacq	ueline Typed or	printed name of	ram (	<u> vic</u>	h		

Page 3 of 3

Filing Fee: \$25.00