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COVER LETTER

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Tallahassee, FL 32314

	ion Section of Corporations			
	e N' Beyond Homecare LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are sul	omitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	Cindy Hicks			
		Name of Person		
	Above N' Beyond Homec	are Services		
		Firm/Company	·····	
	922 SE Damask Ave			
		Address		
	Port Saint Lucie, Florida,	34983		
		City/State and Zip Code		
	Cindy.tr22@yahoo.com			
For further informa	E-mail address: ation concerning this matter, please of	(to be used for future annual report notical):	fication)	
Cindy Hicks		772 475-4358		
	Name of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check	k for the following amount:			
■ \$25.00 Filing I	Fee S30.00 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)	
<u>Mailing A</u> Registra		Street Address: Registration Se	ction	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box		=	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Above N' Beyond Homecare Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000223077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1552 SE Floresta DR. PMB 1054 Enter new principal offices address, if applicable: Port Saint Luc, Florida, 34983 (Principal office address MUST BE A STREET ADDRESS) 922 SE Damask Ave Enter new mailing address, if applicable: Port Saint Lucie, Florida, 34983 (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 registere agent and/or the new registered office address here: Cindy Hicks Name of New Registered Agent: 922 SE DamaskAve New Registered Office Address: Enter Florida street 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 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.

City

Port Saint Lucie

If Changing Registered Agent, Signature of New Registered Agent

__, Florida 34983 Zip Code If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cindy Hicks	922 SE Damask Ave	
		Port Saint Lucie, 34983	□ Remove
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove

Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	06/14
	Signature of a member or authorized representative of a member

Typed or printed name of signee