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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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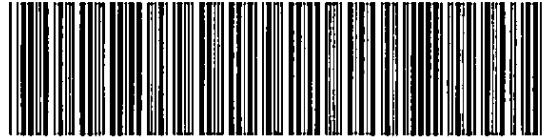
(Business Entity Name)

(Document Number)

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2022 FEB -3 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

FEB 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Above and Beyond Medical Transit, LLC
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:

Coreesa Daniels Harrison
Name of Person

Above and Beyond Medical Transit, LLC
Firm/Company

150 Armstead Road
Address

Quincy, Florida 32351
City/State and Zip Code

coresaharrison@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coreesa D Harrison at (850) 938-7160
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

\$5.00

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Above and Beyond Medical Trans 2022 FEB 12 PM 12:54
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/27/2019 and assigned
Florida document number L 20000241278

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Above and Beyond Freight Logistics, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 Armstead Road
Quincy, Florida
32351

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:

Coreesa Daniels Harrison

New Registered Office Address:

150 Armstead Road

Enter Florida street address

Quincy
City

Florida

32351

Zip Code

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.

Coreesa D. Harrison

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Coresa Harrison ~~am~~ changing the
name of my business "from"
Above and Beyond Medical Transit, LLC "TO"
Above and Beyond Freight Logistics, LLC.

OLD: Above and Beyond Medical Transit, LLC

* New: Above and Beyond Freight Logistics, LLC

"Freight Delivery + Dispatching Services"

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 31st 2022

Coresa Daniels Harrison

Signature of a member or authorized representative of a member

Coresa Daniels Harrison

Typed or printed name of signee

From <noreply@egov.com>

Date Today at 3:31 PM

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
	\$138.75
Total Amount Paid	\$138.75

Customer Information

Customer Name Coresa Harrison
Local Reference ID 0343026660CC L20000241278
Receipt Date 1/29/2022
Receipt Time 03:31:30 PM EST

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****4275
Order ID 4661956
Billing Name Coresa D Harrison

Billing Information

Billing Address 150 Armstead Road
Billing City, State Quincy, FL
ZIP/Postal Code 32351
Country US
Phone Number 8502284689
This receipt has been emailed to the address below.
Email Address Coresaharrison@yahoo.com