L20000241278

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COVER LETTER

Division of Cor			
SUBJECT: Abo		and Home t	Health/Transit, LLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Coresa	D Harris Name of Person	
	Above and	Beyond Ho	me Health/Transit, LLC
	150 Arn	Istead Road	
	Phircy,	Florida 32 3 City/State and Zip Code	357
	Coresaharris E-mail address: (1	on a yahoo. Com	lication)
For further information c	oncerning this matter, please ca	ill:	
Drese Name o	-Harrison f Person	at (<u>850)</u> 93E Area Code Daytime	3 – 7160 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Above and Deyond	Y as it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
V	Amenament churge
(Name of the Limited Liability Compan (A Florida Limited Li	vere filed on 8/10/20 Ta/3/20 and assigned
Florida document number <u>L 20000 241278</u>	, , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Above and Beyond Horr The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words. Entitled Liabilit	
Enter new principal offices address, if applicable:	150 Armstead Road.
(Principal office address MUST BE A STREET ADDRESS)	Quincy, Florida 32351
Enter new mailing address, if applicable:	02
(Mailing address MAY BE A POST OFFICE BOX)	
maning dualess mail beat 1001 of the bony	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and/or the new registered ornice address here.	
Dra	sacD Harrison
Name of New Registered Agent:	1 Darrison
New Registered Office Address:	tronstead Toad
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address
_ Yu	Wey Florida 3235/
	City / Zip Code
No. Designated America Company of the major Designation America	

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□ Remove
			Change _
			20Change
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n effecti <u>te:</u> If t	date, if other ve date is listed, the the date inserted is effective date	ie date must be sp in this block de	ecific and car oes not meet	the applica	able statutor	ng b r more that		r filing.) Pu		
ecord sp is filed.	pecifies a delaye	d effective date.	, but not an	effective ti	me, at 12:01	a.m. on the	earlier of: (l	i) The 9	0th day after	the
ted	Janu	ary 1.	2+1- 1	2023	<u>3</u> .					