L23000276707

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COVER LETTER

	gistration Sec vision of Corp			
SHRIECT.	Above & Bey	yond Phlebotomy Services, LLC	C	
SUBJECT.		Name of Limite	ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	itted for filing.	
Please returi	n all correspon	dence concerning this matter to	the following:	
		Carmen J. Acevedo		
			Name of Person	
			Firm/Company	
		1956 Montecito Avenue		<u></u>
			Address	
		Deltona, FL 32738	City/State and Zip Code	
		abovebeyondphiebotomy@outlook.c F-mail address: (to	om be used for future annual report notif	fication)
For further	information co	oncerning this matter, please cal	II:	
Carmen J. A	Acevedo		at (407) 470-5807	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e 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)

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

Above & Beyond Phlebotomy Services, LLC		<u> </u>
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.) 720 CC, CO PAI 5: 19
The Articles of Organization for this Limited Liability Compa L23000276707	ny were filed on	and assigned.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Above and Beyond Phlebotomy Services, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>en</u> s	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		Florida
	City	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.

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>	<u>Address</u>	Type of Action
CEO	Carmen J. Acevedo	1956 Montecito Ave Deltona, FL 32738	
		□Remove	
			□ Change
AMBR	AMBR Carmen J. Acevedo	1956 Montecito Ave Deltona, FL 32738	= Add
			Remove
			Change
MGR	MGR Ayianna I Baez Acevedo	1956 Montecito Ave Deltona, FL 32738	□Add
			Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
		□Add	
		Remove	
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	.1
Effec	tive date, if other than the date of filing:
If an e Note:	Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	ment's effective date on the Department of State's records.
	rd 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
rd is t	ned.
Datas	September 20 , 2023 .
Date	<u> </u>
	I Atur
	Signature of a member of authorized representative of a member
	Lyssette Gutierrez. Typed or printed name of signee