

P21 0000-26487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

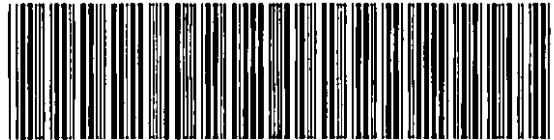
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

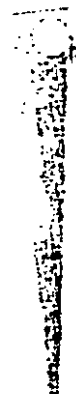
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Articles of  
Correction

06/04/21-- 01023--014 \*\*43.75



SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2021 JUN -4 AM 9:21

FILED

Annexia Ramoanu Porter  
gave permission to add Por  
to her name as president

JUL 12 2021

A RAMSEY

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Above and Beyond In-Home Care Services, INC

Name of Corporation

**DOCUMENT NUMBER:** P21000026487

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amina Ramaanu-Porter

Name of Contact Person

Above and Beyond In Home Care Services, INC

Firm/Company

5201 SW 90th Lane

Address

Ocala Florida 34476

City/State and Zip Code

theaboveandbeyondihs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amina Ramaanu-Porter

Name of Contact Person

at ( 352 ) 209-4366

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

# ARTICLES OF CORRECTION

For

Above and Beyond In-Home Care Services INC

Name of Corporation as currently filed with the Florida Dept. of State

P21000026487

Document Number (if known)

FILED

2027 JUN -4 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Name of Registered Agent  
(Document Type Being Corrected)

filed with the Department of State on Florida  
(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

The Registered Name agent listed as Amina Ramaanu needs to be corrected

Correct the inaccuracy, incorrect statement, or defect:

Registered Agent Name should be listed as Amina Ramaanu-Porter

President's name should be Amina Ramaanu-Porter



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Amina Ramaanu-Porter

(Typed or printed name of person signing)

Registered Agent President

(Title of person signing)

Filing Fee: \$35.00