

L 07000045460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

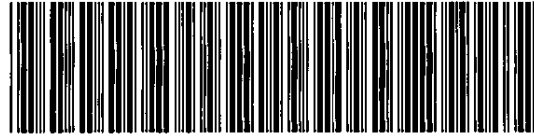
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08 AUG 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 14 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SBS of Florida, 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:

Lawrence A. Peters
(Name of Person)

WorkLife Financial, Inc.
(Firm/Company)

700 Tower Drive, Suite 220
(Address)

Troy, Michigan 48098
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence A. Peters at (248) 879-3744
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



WorkLife Financial

We Work Where You Work

August 5, 2008

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

Re: SBS of Florida, LLC

Dear Clerk:

Enclosed please find:

- Cover Letter
- Articles of Amendment To Articles of Organization
- Cashiers Check payable to Florida Department of State \$25.00

Please file and return confirmation to me at the address listed below. Thank you.

WorkLife Financial, Inc.

Regards,

Lawrence A. Peters
Corporate Counsel

Enclosure

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SBS of Florida, LLC

(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 April 27, 2007 and assigned Florida document number L07000045460.

This amendment is submitted to amend the following:

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

WorkLife Financial of Florida, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

700 Tower Drive, Suite 220

(Principal office address MUST BE A STREET ADDRESS)

Troy, Michigan 48098

Enter new mailing address, if applicable:

700 Tower Drive, Suite 220

(Mailing address MAY BE A POST OFFICE BOX)

Troy, MI 48098

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

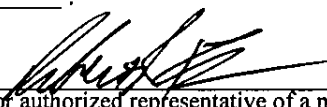
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deborah Decker Thomas	700 Tower Drive, 7th Floor Troy, Michigan 48098	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Strategic Business Solutions, Inc	700 Tower Drive, 7th Floor Troy, Michigan 48098	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WorkLife Financial, Inc.	700 Tower Drive, Suite 220 Troy, Michigan 48098	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

08 AUG 13 PM 1:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated July 29, 2008



 Signature of a member or authorized representative of a member
 Robert R. Florka, Secretary, WorkLife Financial, Inc.

 Typed or printed name of signee