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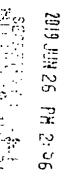
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COVER LETTER

Division of Co	rporations			
	elin Benefits Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	E. Mike Gelin			
	Gelin Benefits Group, LLC	Name of Person	1 100	
	6750 North Andrews Aven	Firm/Company ue, Suite 200		
	Address Fort Lauderdale, FL 33309			
	mike@gelinbenefitsgroup.c	City/State and Zip Code om		
	E-mail address: ()	to be used for future annual report notifi	cation)	
For further information (concerning this matter, please co	ıll:		
Mike Gelin		954 260-0181 at ()		
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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

TO:

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

TO ARTICLES OF ORGANIZATION OF

Gelin Benefits Group, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on nited Liability Company)	our records.)	~
The Articles of Organization for this Limited Liability Comp Florida document number 1.15000009436	- , -		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:	 	# co	2019 JUI
(Mailing address MAY BE A POST OFFICE BOX)		<u>`</u> :	
B. If amending the registered agent and/or registere	od office address on ou	r records enter th	PH D
registered agent and/or the new registered office address		Trecords, <u>enter in</u>	or or
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	transferred by the	
	Enter Pioriaa s	ireei adaress	
	City	Florida	Zip Code
	City		LID COME

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
LICID	Shaheewa Jarrett, Esq.	6750 North Andrews Avenue	
MGR		Suite 200	■ Add
		Ft. Lauderdale, Fl. 33309	— Add
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	6/21/2019	The second secon
Effective date, if other than the d	ate of filing: e specific and cannot be prior to date of filing or more	(optional) = \(\color \color \)
I an effective date is listed, the date must be Noted. If the date inserted in this block	e specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605.020
document's effective date on the Dep	k does not meet the applicable statutory filing restment of State's records	equirements, this date with notice histed a
aveament serreture date on the isep	arment of State 3 records.	2.
		2: 56
ne record specifies a delayed o	effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier o
The 90th day after the recor		·
June 20	2019	
Dated	·	
Aiii	Å hi k	
(VINU)	Muss Mall	
	gnature of a niember or authorized representative of	a member
	<u> </u>	
Elberg Mike Gelin		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00