

119 000300 810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

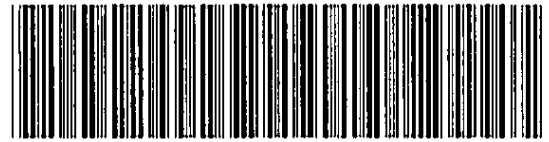
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300380782563

01/31/22--01017--025 **25.00

A. BUTLER

FEB 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIORS BENEFIT RESOURCES OF FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dianna P. Harris, Manager
Name of Person

WAB Holdings
C/o Radcliffe Corp. Services: ATTN Myles Loller
870 High Street, Ste 1
Address

Chester town, MD 21620
City/State and Zip Code

diannaharris@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianna Harris at (410) 795-6848
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SENIORS BENEFIT RESOURCES 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 DECEMBER 10, 2019 and assigned Florida document number L19000300810.

This amendment is submitted to amend the following:

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

SENIORS BENEFIT RESOURCE OF FLORIDA LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o WITB Holdings
9748 Stephen Decatur Blvd. Ste. 207
Ocean City, Maryland 21842

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Radcliffe Corp Services
ATTN: Mykes Hollar
870 High Street Suite 1
Chester town, MD 21620

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

City, Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	George E Harris IV	9742 Golf Course Rd #202	☐ Add
		Ocean City, MD 21842	☒ Remove
			☐ Change
MGR	Dianna P. Harris	c/o WHB Holdings	☒ Add
		9748 Stephen Decatur Blvd	☐ Remove
		Suite 207	
		Ocean City, MD 21842	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[Faint handwritten marks are visible on the page.]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 24, 2022.

Clarna P. Harris

Signature of a member or authorized representative of a member

Dianna P. Harris

Typed or printed name of signee

Filing Fee: \$25.00