212000133606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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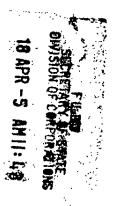
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Allegiant Benefits & Services, LLC

April 2, 2018

RE: Allegiant Benefits & Services, LLC name change for authorized member, L12000133606

Dear Florida Department of State Division of Corporations,

I recently married and my last name has changed.

I have been updating the state with all necessary updates, amendments, licensing, etc.

Please see attached marriage license.

My name needs to be listed as Dana S. Barnett.

a. S. Barnett

Sincerely,

Dana S. Barnett

Formerly known as Dana S. Wood

407.341.2627

7512 Dr. Phillips Blvd

Suite 50-857

Orlando, FL 32819

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allegiant Benefits & Services, 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:
Dana S. Barnett Name of Person
Allegiant Benefits & Services, LLC Firm/Compan)
7512 Dr. Phillys Blud, Ste 50-857
Orlando, FL 32819 City/State and Zip Code
dana 6. Wood @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dana S. Barnett at (407) 341.2627 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box Scrifficate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$certificate of Status \$\

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allegiant Benef Name of the Limited Liabil (A Florid	Ility Company as da Limited Liabili	Services, Line it now appears on our records ty Company)	<u></u>	
The Articles of Organization for this Limited Liability Florida document number <u>L12-000133606</u>		filed on $10/19/2$	-012 and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line				
The new name must be distinguishable and contain the words "Li	mited Liability Co	empany," the designation "LLC"	or the abbreviation "L.L.C	.11
Enter new principal offices address, if applicable:		SAME		
(Principal office address MUST BE A STREET ADD	(RESS)			2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S Ama	8 APR -5 AF	SON OF COM
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		address on our records	, enter the name of	the new
Name of New Registered Agent:	Danz	S. Barnet	t	
New Registered Office Address: 75	12 Dr.	Phillips BNd,	SUITE 50-8	357
<u>O</u>	rlando	City, Flo	rida <u>32819</u> 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>	Address	Type of Action
MER	Dana S. Barnett	7512 Dr. Phillips Blod	∑É Add
		SUITE 50-857	☐ Remove
		onanda, FL 32819	☐ Change
Max	Dana S. Wood	7512 Or. Phillips Blud	Add
		SUITE 50-897	
		ortando, FL 32819	□ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			Change

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tiva data if	other than the da	ate of filings	2.17.	2010	(on	otional)
ffective date is	listed, the date must be	e specific and canno	t be prior to date	of filing or more	than 90 days af	ter filing.) Pursuant to 605.
	ve date on the Depa			iatutory ming re	quirements, t	his date will not be liste
	fies a delayed e after the recor		but not an	effective tim	e, at 12:01	a.m. on the earlie
c John day	arter the recon	a is mea.				
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Filing Fee: \$25.00