

L12000133606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

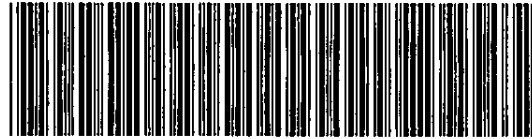
(Business Entity Name)

(Document Number)

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APR 09 2018

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR -5 AM 11:48

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.

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/Company

7512 Dr. Phillips Blvd, Ste 50-857
Address

Orlando, FL 32819
City/State and Zip Code

dana.s.wood@gmail.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
- \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Allegiant Benefits & Services, 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 10/19/2012 and assigned Florida document number L12000133606.

This amendment is submitted to amend the following:

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

SAME

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
10 APR - 5 AM 11:48

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:

Dana S. Barnett

New Registered Office Address:

7512 Dr. Phillips Blvd, Suite 50-857

Enter Florida street address

Orlando

City

Florida

32819

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.

Dana S. Barnett

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 | Dana S. Barnett | 7512 Dr. Phillips Blvd | <input checked="" type="checkbox"/> Add |
| | | SUITE 50-857 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32819 | <input type="checkbox"/> Change |
| MGR | Dana S. Wood | 7512 Dr. Phillips Blvd | <input type="checkbox"/> Add |
| | | SUITE 50-857 | <input checked="" type="checkbox"/> Remove |
| | | Orlando, FL 32819 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Manager was married & is changing last name. Please see enclosed marriage license. Thank you

E. Effective date, if other than the date of filing: 3-17-2018 (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 April 2, 2018.

Dana S. Barnett

Signature of a member or authorized representative of a member

Dana S. Barnett

Typed or printed name of signee

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19 APR -5 AM 11:48