## L0200024644

(Re	equestor's	Name)	
(Ac	idress)		
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(Ci	ty/State/Z	ip/Phone	#)
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## TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT:	AmeriFi	rst Fund I, ILC	
	(Name of Li	mited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
		rie Johnson	
	0	Name of Person)	
-	AmeriFirst Fun		
		Firm/Company)	
<del></del>	2015 A Osborne		
		(Address)	
	St. Marys, GA 3155		
	(City)	State and Zip Code)	ZDD5 XLLLA XLLLA
For further information	n concerning this matter, please of	call:	T L. BECRETARY LLAHASSE
	Brittany Ellis	at (912)882-8	851 📅 🗆 📑
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for t	he following amount:	,	
O \$25.00 Filing Fee	F \$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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	AmeriFirst Fund I, LLC (Present Names)		
	(A Plorida Cimiled Liability Company)		
FIRST:	The Articles of Organization were filed on 9/20/2002 and and document number 10200024644	ssigned	
SECOND:	The following amendment(s) to the Articles of Organization was/were as liability company:	dopted by the limited	
	The name of AMeriFirst Fund I, IIC has been changed to	Capital	
Benefits, LLC	4		
·		7005 TALL	
		1005 HAY 24 SECRETARY LLAHASSE	3
		ARY I	
		A II: 4 OF STATE E. FLCTIO	
Dated	ray 20th. 2005.	<i>&gt;</i> ~	
	X Aller Toules		
	John Tooke		
	Typed or printed name of signes		

Filing Fee: \$25.00