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(Business Entity Name)

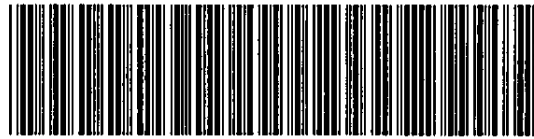
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alan Benefits, 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:

Alan Morehouse

(Name of Person)

Alan Benefits, LLC

(Firm/Company)

380 Troon Court

(Address)

Winter Haven, FL 33884

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Morehouse

(Name of Person)

at (386) 290-1819

(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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alan Benefits, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/01/2004 and assigned
document number L04000078909.

SECOND: This amendment is submitted to amend the following:

Name change to: Strategic Health Partners, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated January 15, 2007.


Signature of a member or authorized representative of a member

Alan Morehouse

Typed or printed name of signee

Filing Fee: \$25.00