

60600059591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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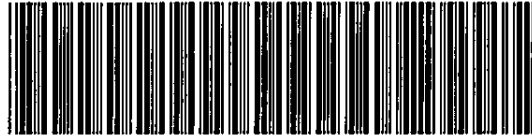
(Business Entity Name)

(Document Number)

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*al*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Celedinas Benefits Group, 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:

Ray S. Celedinas  
(Name of Person)

Celedinas Benefits Group, LLC  
(Firm/Company)

4283 Northlake Blvd.  
(Address)

Palm Beach Gardens, FL 33410  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ray S. Celedinas at ( 561 ) 622-2550  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Celedinas Benefits Group, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on June 1, 2006 and assigned document number LO6000059591.

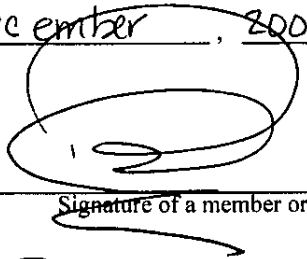
**SECOND:** This amendment is submitted to amend the following:

Names of the members:

The Celedinas Agency, Inc. replaces Cledinas Holdings, LLC

Mary K. Sreenan replaces Benefitability

Dated 31 December, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ray S. Celedinas

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**