

L060000086775

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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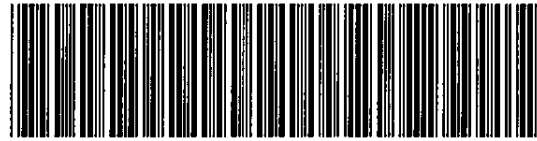
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Benefits Consulting, 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:

Mary E. Remson

(Name of Person)

Mary Remson LLC

(Firm/Company)

1504 DUNN COVE DRIVE

(Address)

APOPICA FL 32703

(City/State and Zip Code)

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For further information concerning this matter, please call:

MARY Remson

(Name of Person)

at (321) 946-2290

(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**

Creative Benefits Consulting, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 09/05/2006 and assigned document number L06000086775

SECOND: This amendment is submitted to amend the following:

NEW NAME AND ADDRESS:

MARY REMSDN, LLC

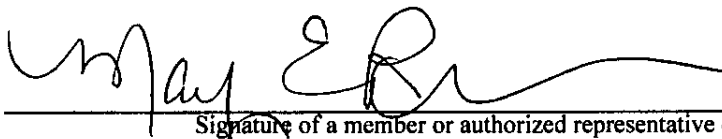
1504 DUNN COVE DRIVE

APOPKA, FLORIDA 32703

321-946-2290

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Dated JULY 30th, 2007.



Signature of a member or authorized representative of a member

MARY E. REMSDN

Typed or printed name of signee

Filing Fee: \$25.00