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COVER LETTER

TO:

Registration Section Division of Corporations

WorkLife Financial of Florida, 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:

Robert R. Florka

Name of Person

Progressive Employer Management

Firm/Company

10327 Grand River Ave, Ste 407

Address

Brighton, Michigan 48116

City/State and Zip Code

rflorka@worklifehr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert R. Florka

,800,466-2473 ext 23101

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)

M\$60.00 Filing Fec, Certificate of Status & 32Certified 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

WorkLife Financial of Florida, 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 April 27, 2007 and assigned Florida document number <u>L0</u>7000045460 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Progressive Employer Management Company XXIII, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 608, 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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
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			Add S PH 3: 33
			Remove STARIE 33
			
			Add
			Remove
			Add
			Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	**
ated _	AUG 1 4 2013
	and relian
	Signature of a member or authorized representative of a member
	Robert R. Florka
	Typed or printed name of signee

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Filing Fee: \$25.00

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