

LO8 000049263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

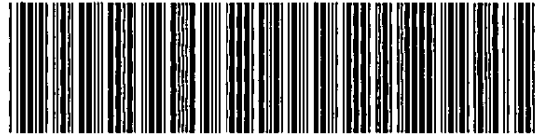
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100159758071

08/24/09--01008--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 24 AM 10:39

FILED

T. CLINE

AUG 25 2009

EXAMINER



**MATHIS, JONES
& ASSOCIATES**

Insurance, Business and Financial Services

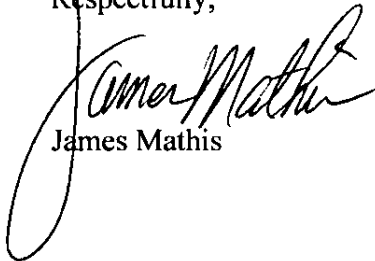
Tel: 850.784.6706 • Fax: 850.784.6377 • Toll: 866.821.2158
P.O. Box 16586 • Panama City, FL 32406
2325 Frankford Avenue (32405)

August 21, 2009

Enclosed is a check in the amount of \$25.00 for the filing fee for Ultimate Benefit Solutions, LLC.

Our day time telephone number and return address are as appears on this cover letter.

Respectfully,



James Mathis

2009 AUG 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULTIMATE BENEFIT SOLUTIONS, 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:

James Mathis

Name of Person

Ultimate Benefit Solutions, LLC

Firm/Company

2325 Frankford Ave

Address

Panama City, FL 32405

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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

FILED
2009 AUG 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ultimate Benefit Solutions, 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 05/16/2008 and assigned
Florida document number L08000049263.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

FILED
2008 AUG 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: James Mathis

New Registered Office Address: 2325 Frankford Ave

Enter Florida street address

Panama City, Florida 32405

City

Zip Code

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.

see attached

If Changing Registered Agent, Signature of New Registered Agent

