

108000049263

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

FILED

T. CLINE
AUG 25 2009
EXAMINER



MATHIS, JONES & ASSOCIATES

Insurance, Business and Financial Services

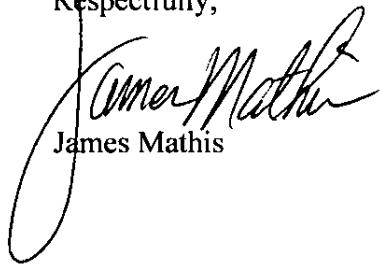
Tel: 850.784.6706 • Fax: 850.784.6377 • Toll: 866.821.2158
P.O. Box 16586 • Panama City, FL 32406
2325 Frankford Avenue (32405)

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

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

FILED

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**

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)

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

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

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

MGR = Manager

MGRM = Managing Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 21, 2009

Signature of a member or authorized representative of a member/Registered Agent

James Mathis

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00