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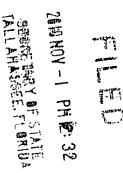
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(Address)						
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T. CLINE
NOV - 2 2010
EXAMINER

COVER LETTER

TO:

TO:	Registration Solution Of Co.					
SUBJE	ECT:	Naples Pla	nning Group, LLC			
		Name of Limi	ted Liability Company		-	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Gregory Meyer	_		
			Name of Person			
			Firm/Company	<u> </u>	_	
562 14th St SE			_			
			Address			
	Naples, FL 34117				- 	
City/State and Zip Code						
		E-mail address: (m500320@gmail.com to be used for future annual rep	ort notification)	28 NOV -	En-somme destructions a
For fur	ther information	concerning this matter, please c	eall:		T PR	
	Gr	egory Meyer	at (_239_)	290-1567	ber asser 32	
	Name o	of Person		Daytime Telephone Numb	ber wir &	
Enclose	ed is a check for t	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi enclosed) Certifi	Filing Fee, cate of Status & led Copy onal copy is encl	osed)
	Regist Divisio	JING ADDRESS: ration Section on of Corporations	Registration Division of	Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Plannin	g Group, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recordiability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on1/16/0	9 and assigned
Florida document numberL0900005339		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Worksite Benefit	Advisors, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	562 14th St SE	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34117	P CO 636
		- 3
Enter new mailing address, if applicable:	562 14th St SE	Fig. 7
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34117	
	_	u-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	
	Citv	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.

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 I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			
			Add
			Remove
			Add
			Remove
			For the
			TAdd Remove
			The state of the s
	_		Add Add
			Kemove W
D. If a	mending any other information, enter	change(s) here: (Attach additional shee	,E3-, 1.0
Dated _	10/28/10		
	Signature of a	member or authorized representative of a me	mber
	V	Gregory Meyer Typed or printed name of signee	
		ryped or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00