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T. CLINE

DEC 2 7 2010

EXAMINER

COVER LETTER

SUBJECT: EEBS "Employer Employee Benefit Solutions 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:
Tammy Wallace
Name of Person
EEBS
Firm/Company
4443 Royal Tern Court
Address
Jacksonville Beach, FL 32256 City/State and Zip Code
Tammy Wallace @ EEBS on line. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Tammy Wallace Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee? Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO! Registration Section

Division of Corporations

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

EMPLOYER EMPLOYEE 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 Liabi	04/20/2010	an	and assigned			
Florida document numberL1000004193	32					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	ny," the designation	n "LLC" o	the abb	oreviation	
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	ADDRESS)					
•						
Enter new mailing address, if applicable:			*****	د~٣		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		E G	er)		
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			388	ಜ	Farence Parence	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>ent</u>	er the nai	me of	the new	
				Œ	4 1	
Name of New Registered Agent:			(in (c)	ō		
New Registered Office Address:						
-	Enter Florida street address					
_		, Florida				
	City		Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

60 S.A.

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

MGRM = Managing Member <u>Address</u> Title Title **Type of Action** Name | Thomas L. Wallace, Jr. 4443 Royal Ter lammy L. Wallace 3 Royal Tern Court ☐ Remove \neg Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) emailed our charge of address, which listed above. December 20 THOMAS L. WALLACE, JR. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00