

L10000041932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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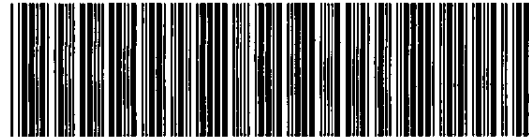
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JAN 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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:

THOMAS L. WALLACE, JR.

Name of Person

EEBS

Firm/Company

4443 Royal Tern Court

Address

JACKSONVILLE BEACH, FL. 32250

City/State and Zip Code

Tom Wallace JR @ EEBSonline.com

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

For further information concerning this matter, please call:

THOMAS L. WALLACE, JR.

Name of Person

at (904) 534-3340

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 13 PM 1:17

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**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 Liability Company were filed on 04/19/2010 and assigned
Florida document number L10000041932

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)

2012 JAN 13 PM 1:17
CLERK 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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.

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

Title	Name	Address	Type of Action
CEO (MGR)	Thomas L. Wallace, JR.	4443 Royal Tern Ct. Jacksonville Beach, FL. 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
President (MGRM)	Jeffrey Anthony	4443 Royal Tern Ct. Jacksonville Beach, FL. 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Marketing Dir. (MGR)	Tammy L. Wallace	4443 Royal Tern Ct. Jacksonville Beach, FL. 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12/29, 2011

Tom Wallace Jr. / Tammy L. Wallace
Signature of a member or authorized representative of a member
Thomas L. Wallace, JR. / Tammy L. Wallace
Typed or printed name of signee

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA