

# L10000095270

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 10 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PAYROLL & BENEFITS GROUP, 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:

**JULIO A GAVILANES**

Name of Person

**PAYROLL & BENEFITS GROUP, LLC**

Firm/Company

**5201 BLUE LAGOON DRIVE, SUITE 987**

Address

**MIAMI, FL 33126**

City/State and Zip Code

**ADMIN@PBGPAYROLL.COM**

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

For further information concerning this matter, please call:

**JULIO A GAVILANES**

Name of Person

at ( **786** )

**214-1045**

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

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

**PAYROLL & BENEFITS GROUP, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
11 MAR -8 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/13/2010 and assigned  
Florida document number L10000095270.

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)

WATERFORD BUSINESS PARK

5201 BLUE LAGOON DRIVE, SUITE 987

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

**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:

CROSSWORLD PARTNERS & CO., LLC

New Registered Office Address:

701 WATERFORD WAY, SUITE 160

*Enter Florida street address*

MIAMI

*City*

, Florida

33126

*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.*

*[Signature]*  
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

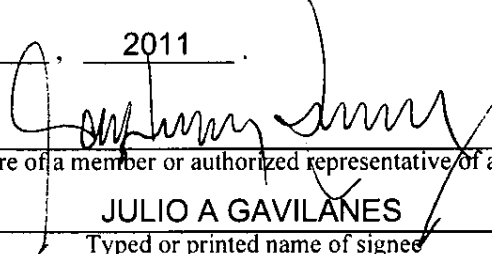
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|---------------------|--|--|
| MGRM         | OCTAVIO D HERNANDEZ | 9600 SW 66TH STREET<br>MIAMI, FL 33173 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                     |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MARCH 1ST, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JULIO A GAVILANES  
\_\_\_\_\_  
Typed or printed name of signer