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**EXAMINER** 



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04/18/11--01052--002 \*\*25.00

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SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

то:	Registration Solvision of Co				
SUBJI	ECT:	Senior Be	enefit Plans LLC		
			ted Liability Company		
The en	closed Articles of	`Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Steve Higginbotham  Name of Person		
Senior Benefit Plans LLC					
9009 Seminole Blvd					
Seminole, FL 33772  City/State and Zip Code					
		E-mail address: (	steve@bayplan.com to be used for future annual rep	ort notification)	
For fur	ther information of	concerning this matter, please of		,	
		e Hlgginbotham	at ( 727 )		
	Name o	of Person	Area Code &	Daytime Telephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio	JING ADDRESS: ration Section on of Corporations tox 6327	Registration	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senior Be	nefit Plans, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	04/08/2011	and assigned
Florida document numberL11000042336			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			IPR I
(Mailing address MAY BE A POST OFFICE BOX)			± <del>2</del> <del>11</del> <del>11</del>
	46.0		S : 0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street ada	rass
	E		1 033
<del></del>	City	, Florida	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

MGRM = Managing Member **Title** Name 1 Address Type of Action Gregory Wohl **MGRM** 5512 Liberty Plain Circle ✓ Add Tampa, FL 33611 Remove Nathan Markowitz MGRM 4315 Glendon Place ✓ Add Remove Valrico FL 33596 MGRM Edward Gutierrez 31313 Wrencrest Drive ✓ Add Remove Wesley Chapel FL 33543 Joseph Hornik MGRM ✓ Add □ Remove 9009 Seminole Blvd Seminole FL 33772 □Add Remove ∏Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/14 2011 Dated \_\_\_\_ Signature of a member or authorized representative of a member Steve Higginbotham Typed or printed name of signee

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Filing Fee: \$25.00