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From:

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Account Number : 076077003231

Phone : (561) 650-0471

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T CLINE Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Benefit A (Name of the Limited Liability Compa (A Florida Limited I	ny as it now ann	ears on our recorde)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000135863		•	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company I	iere:	
Key Benefits (Group, LLC		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Con	npany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			異なる。
Enter new mailing address, if applicable:			記る。
(Mailing address MAY BE A POST OFFICE BOX)			32
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the	name of the new
Name of New Registered Agent:			<u> </u>
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 agre the provisions of all statutes relative to the proper and comp			

If Changing Registered Agent, Signature of New Resistered Agent

Page 1 of 2

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.

H13000246675 3

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 = MS $MGRM = S$	anager Managing Member		
<u>Títle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u>-</u>			Add Remove
			Add Remove
			Add Remove
			Remove SSINAN
D. If amen	ding any other information, enter chan	gc(s) here: (Attach additional sheets, if necess	Signary.)
-			
Dated	November 6 , _ 2	013	
	Larry B. Alexan	der, Authorized Representative of a member der, Authorized Representative d or printed name of signee	

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