

JAN 30 2014 3:30 PM JONES, FOSTER 1 07 04 2979
L11000135863

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-0431

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ron@rsellers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEY BENEFITS GROUP, LLC

Certificate of Status	0
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JAN 31 2013

T. HAMPTON

JAN. 30. 2014 10:37AM

JONES FOSTER 561 650.0435 PAGE

1/001

Fax NO. 2979 P. 2



January 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KEY BENEFITS GROUP, LLC
300 AVENUE OF THE CHAMPIONS
STE 240
PALM BEACH GARDENS, FL 33418

SUBJECT: KEY BENEFITS GROUP, LLC
REF: L11000135863

1-30-14
Corrected

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000023220
Letter Number: 114A00002048

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14 JAN 30 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Key Benefits Group, 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 December 1, 2011 and assigned
Florida document number L11000135863

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ViewServices, LLC

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)

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 605, 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

JAN. 30. 2014 10:37AM

JONES FOSTER 561 650 0435

NO. 297940CP. 43220 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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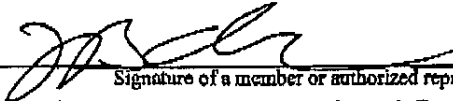
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 28, 2014



Signature of a member or authorized representative of a member

Larry B. Alexander, Authorized Representative

Typed or printed name of signer

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