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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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AUS 1 3 2015 T. HAMPTON

COVER LETTER

TO:	Registrátion Sec Division of Cor			
CHID	MEROVIN JECT:	GIAN BENEFITS, LLC		
SUB	JEC1:	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspon	ndence concerning this matter	to the following:	
		HANSEL CHACON		
			Name of Person	
		NEW LLC NAME: LEAR	NEFITS, LLC	
			Firm/Company	
		345 PALERMO AVENUE		
			Address	
		CORAL GABLES, FL 331	134	
			City/State and Zip Code	······································
		SAME AS ON FILE		
		E-mail address: (1	to be used for future annual report notific	cation)
For f	urther information co	oncerning this matter, please ca	all:	
HAI	NSEL CHACON		305 333-4661 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	e 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

MEROVINGIAN BENEFITS, LLC		30 th
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record	S) ES E TI
	• •	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L12000056642		元 星 二
This amendment is submitted to amend the following:		MII: 02
A. If amending name, enter the new name of the limited liab	ility company here:	A
LEARNEFITS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	345 PALERMO AVENUE	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
	CORAL GABLES, FL 33134	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records	anton the name of the new
registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	. Fla	orida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
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Effective date. If other than the date of filing: [an effective date is histed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The 90th day after the record is filed. Dated AUGUST 6th 2015 Signature of a member or authorized representative of a member HANSEL CHACON Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00	·		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated AUGUST 6th Signature of a member or authorized representative of a member HANSEL CHACON Typed or printed name of signee			
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