

L12000161895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 OCT 20 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 22 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT 20 PM 2:18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

September 18, 2015

BENEFIT, LLC
JILL CERAMI
6866 LOWESVILLE LN
STANLEY, NC 28164

SUBJECT: BENEFIT, LLC
Ref. Number: L12000161895

We have received your document for BENEFIT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be (at a Florida street address. *gc*)

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00019784

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEFIT, 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:

Jill CERAMI

Name of Person

BENEFIT, LLC

Firm/Company

6866 LOWESVILLE LN

Address

STANLEY NC 28164

City/State and Zip Code

Jillcerami@yahoo.com

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

For further information concerning this matter, please call:

Jill CERAMI

Name of Person

at (315)

Area Code

440-1373

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

BENEFIT, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/31/12 and assigned
Florida document number L12000161895.

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 contain 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)

16115 MARSHFIELD DR.
TAMPA, FLORIDA 33624

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:

JILL CERAMI

New Registered Office Address:

16115 MARSHFIELD DR.
Enter Florida street address

TAMPA, FLORIDA 33624
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.

Jill Cerami
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGELA SARDINA	3339 HANDY ROAD	<input type="checkbox"/> Add
		APT. 423	<input checked="" type="checkbox"/> Remove
		TAMPA FL 33618	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated SEPTEMBER 15, 2015

Jeff Cerami
Signature of a member

Signature of a member or authorized representative of a member

JILL CERAMI

Typed or printed name of signee