

LB000042930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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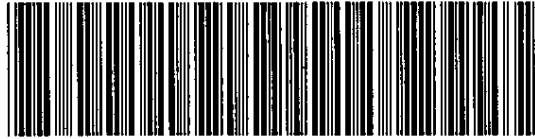
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Ouligan JAN - 9 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE BENEFITS COLLECTIVE, 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:

**Maria G. Turk**

Name of Person

**THE BENEFITS COLLECTIVE, LLC**

Firm/Company

**8022 Office Court - Suite 101**

Address

**Orlando, Florida 32809**

City/State and Zip Code

**maria@mariagturk.com**

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

For further information concerning this matter, please call:

**Maria G Turk**

at ( **407** ) **748-0236**

Name of Person

Area Code

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**

FILED  
2014 DEC 29 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE BENEFITS COLLECTIVE, 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 March 21, 2013 and assigned  
Florida document number L13000042930.

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 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)**

8022 Office Court - Suite 101

Orlando, Florida 32809

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8022 Office Court - Suite 101

Orlando, Florida 32809

**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:

Carlos Roman

New Registered Office Address:

8022 Office Court - Suite 101

Enter Florida street address

Orlando

City

Florida 32809

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 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>
MMGR	Maria G Turk	8022 Office Court - Suite 101	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32809	<input type="checkbox"/> Remove
MGR	Carlos R Roman	8022 Office Court - Suite 101	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32809	<input type="checkbox"/> Remove
MMGR	Maribel Adames	9521 S Orange Blossom Trail	<input type="checkbox"/> Add
		Suite 106	<input checked="" type="checkbox"/> Remove
		Orlando, Florida 32837	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** December 19, 2014 (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 December 22, 2014



Signature of a member or authorized representative of a member

Maria G. Turk

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA