2013-10-01 06:11

Florida Department of State

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(((H13000217628 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : START BIZ HERE INC.

Account Number : 120090000101

: (630)554-2448

Fax Number

: (630)689-0959

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENEFIT CLUBS LLC

Certificate of Status	0
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2013-10-01 06:11

CORP\*LLC\*FORMS

16306890956>>

850-617-6381

FILED P2/4
2013 OCT -1 AM 8: 11:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## (((H13000217628 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENEFIT CLUBS 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
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 "LLC."
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 , Florida, 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 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

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

CORP\*LLC\*FORMS H1500021 1688 5

16306890956>> 850-617-6381

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 = Manager MGRM = Managing Member <u>Address</u> Title Type of Action Name 21 BROOKDALE ROAD **MGRM** JDE INTEGRATIONS, LLC BLOOMFIELD, NJ 07003 392 Fore Street MGRM Crucible Marketing, LLC Portland, Maine 04101 Remove Remove

P	4	Ì	ć

2013-10-01 06:12	CORP * LLC * FORMS	16306890956>>	850-617-6381
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D. If amer	nding any other inform	nation, enter chai	nge(s) here: (Attach additional sheets, if necessary.)
_			
Dated S	ept 16	, 20	13
		i/	
		Signature of a memb	er or authorized representative of a member
	Mike Jagoda		

Page 3 of 3

Typed or printed name of signoe

Filing Fee: \$25.00