L13000/04277

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MAR - 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

Poole Benefits Consulting 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:

James G. Poole

Name of Person

Poole Benefits Consulting LLC

Firm/Company

4348 Southpoint Blvd. Suite 201

Address

Jacksonville, FL 32216

City/State and Zip Code

jgregpoole@comcast.net

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

For further information concerning this matter, please call:

James G Poole

_{at} 904 514-7406

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

Poole Benefits Consulting 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 07/23/2013 and assigned
Florida document number L13000104277	TACE 201
This amendment is submitted to amend the following:	SECRETANASS
A. If amending name, enter the new name of the limited liab	ility company here:
Southeast Benefit Consultants	
The new name must be distinguishable and end with the words "Limited Lial	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4348 Southpoint Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 200
	Jacksonville, Florida 32216
Foton and a 20 Marie 11	4348 Southpoint Blvd
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200
	Jacksonville, Florida 32216
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the nev</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Desistened Asset) Signature if should be be a feet and Asset	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			☐ Remove
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	April 1 2014
ne erreen e date mast de speer	nan the date of filing: April 1, 2014 (optional) iffic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
he date this document is filed b	ane, earner be prior to date of receipt of fried date and earner be more than 70 days after
the date this document is filed b	by the Florida Department of State) 2014 Aamt A. Hele
The effective date mast be speed	by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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SECNETARY OF STATE AND A