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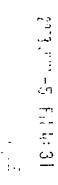
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Benefi	ts Courselor
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	•
Bridg	et L. Vandermark Name of Person
The R	renefits Counselor Firm/Company
290 SI	Dynasty Elen
Lake C	ty F1 32604 The City/State and Zip Code
buest. ber	Idress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
BRIDGET VANDERMARK	at (386) 406 7704
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand State S	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Benefits Courselor	
(<u>Name of the Limited Liability Company</u> as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	8112013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
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)	
	<u></u>
Enter new mailing address, if applicable:	₁
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	, Florida
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 Agen	t

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>	Address	Type of Action
M612	Keith Vangermark	Address 290 Sw Dynasty Glen Lake City FL 32024	XAdd
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