

5/19/2021

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21 MAY 19 AM 8:58

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CONTINENTAL BENEFITS, LLC**

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Continental Benefits, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/2013 and assigned Florida document number L13000162413

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)

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

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

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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	Betsy Knorr	5701 E Hillborough Ave.	<input type="checkbox"/> Add
		Suite 1417	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33610	<input type="checkbox"/> Change
MGR	WellEnterprises USA, LLC	One Urban Centre, Suite 100	<input type="checkbox"/> Add
		4830 West Kennedy Boulevard	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33609	<input type="checkbox"/> Change
MGR	Edmundo Gonzalez	5701 E Hillborough Ave.	<input checked="" type="checkbox"/> Add
		Suite 1417	<input type="checkbox"/> Remove
		Tampa, FL 33610	<input type="checkbox"/> Change
AMBR	Marpai, Inc.	5701 E Hillborough Ave	<input checked="" type="checkbox"/> Add
		Suite 1417	<input type="checkbox"/> Remove
		Tampa, FL 33610	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

