

L14000152836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

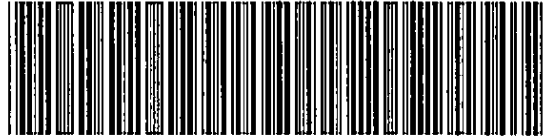
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300348993173

07/27/20--01055--019 \*\*25.00

RECEIVED

JUL 24 2020

SEP 14 2020  
S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 JUL 24 AM 7:15

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MSJ BENEFITS - INSURANCE, 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:

DEBBIE EISENBERG

Name of Person

PORGES, EISENBERG & LEVINE CPA, LLC

Firm/Company

1880 N CONGRESS AVE, SUITE 215

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

DEISENBERG@PELCPA.COM

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

For further information concerning this matter, please call:

DEBBIE EISENBERG

561 737-5568  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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**

MSJ BENEFITS - INSURANCE, 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 09/30/2014

Florida document number L14000152836

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MSJ BENEFITS INSURANCE AGENCY LLC

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:

3724 NE 4th Terrace

(Principal office address MUST BE A STREET ADDRESS)

Deerfield Beach, FL 33064

Enter new mailing address, if applicable:

3724 NE 4th Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Deerfield Beach, FL 33064

**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:

3724 NE 4th Terrace

*Enter Florida street address*

Deerfield Beach

*City*

Florida 33064

*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

**FILED**  
2014 JUL 24 AM 11:15  
CLERK OF CIRCUIT COURT  
JULIA S. ELLIOTT  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

[illegible]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 17, 2020

Monica Savita Devlin  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Mónica Dávila Devlin

Typed or printed name of signer

**Filing Fee: \$25.00**