

L15000122264

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATIONSHEARING LLC

Certificate of Status	0
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Page Count	05
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Y SULKEP

FEB 05 2020

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATIONSHREARING 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 07/16/2015 and assigned
Florida document number L15000122264

This amendment is submitted to amend the following:

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

NATIONSBENEFITS, LLC

The new name must be distinguishable and contain 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 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
2020 FEB -4 PM 2:11
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

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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.

Dated February 3 2020

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00

NationsBenefits, LLC

February 5, 2020

VIA CERTIFIED MAIL

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 W. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Approval of Name Change Amendment

To Whom It May Concern:

Please be advised that I am the owner of the previously dissolved "NationsBenefits, LLC".

I hereby approve the attached name change amendment of "Nationsbearing LLC" to "NationsBenefits, LLC".

Sincerely,


Glenn Parker