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(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Se Division of Cor			,		
ICAN DEV	ELOPMENT GROUP, LLC		•1		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JUDY WEEDEN				
	,, , ,	Name of Person		-	
	ICAN BENEFIT GROUP	LLC			
		Firm/Company	·	-	
	5300 BROKEN SOUND I	BLVD NW, SUITE 200	٠,		
		Address		-	
•	BOCA RATON, FL 3348	7			
		City/State and Zip Code		是高	77
	JWEEDEN@ICANBENEF			2018 FEB	C CONTRACTOR
	E-mail address: (to be used for future annual report notif	fication)	29 Massa	1
For further information c	oncerning this matter, please c	all:		N A	
JUDY WEEDEN		800 530-4226 at ()		1000 op	
Name o	f Person		e Telephone Number	- 3A 20	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	" Certified	ite of Status &	

 $e_i^{(k)}$

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

ICAN DEVELOPMENT GROUP, 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 $\frac{8/21/2015}{1}$ and assigned Florida document number L15000143965 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ICAN BENEFIT ADMINISTRATORS, 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

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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			☐ Remove			
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Effecti	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	(optional)		E 0205
Note:	If the date inserted in this block does not meet the applicable statutory filing requirement.	ts, this date;will	not belis	o.uzuz ted <u>as</u>
docum	ent's effective date on the Department of State's records.	SS AR	· N	1-1
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he rec The	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.			er of
	John day arter the record is med.	981 881 10	8. 2	
Dated	FEBRUARY 25 2016		CI:	
	- / A A () /			
	V#1 1/1/1 _			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00