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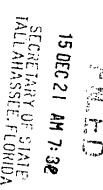
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	Registration Security Division of Corp			
oun iez		Hunt Benefits L.L.C.		
SUBJEC	JF:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pl ease re	turn all correspo	ndence concerning this matter	to the following:	
		Christopher Hunt		
		***********	Name of Person	
		Moyer and Hunt Benefits I	Ł.L.C.	
		 , ,, ,	Firm/Company	
		200 4th Ave S. Apt 112		
			Address	<u> </u>
		St. Petersburg, FL 33701		
		chris.hunt@moyerhunt.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Christop	oher Hunt		317 490-8986 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25 ,	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

Moyer and Hunt Benefits L.L.C.		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on November 5th 2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit M&H BENEFITS LLC		
he new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the
Name of New Registered Agent:		SS N TOPE
New Registered Office Address:		mo =
	Enter l'Iorida street address	
	Florida 5	7in 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mr.	Kevin Moyer MGR	360 Central Ave Suite 430	
		St. Petersburg, FL 33701	□ Remove
			☐ Change
	 		Add
			Remove
			Change
			□ Add
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			Change
		<u> </u>	☐ Add
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		RIDE	

. Effective date, if other than the date of filing	g:	(optional)	
(If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not re-	d cannot be prior to date of filing or more than 90 day	s after filing.) Pursuant to 605.0207	/ (3)(b
document's effective date on the Department of S	State's records.	is, this date will not be listed as	· tire
the record specifies a delayed effective of the foot the specifies. The 90th day after the record is filed.	date, but not an effective time, at 12	:01 a.m. on the earlier o	f:
December 14th	2015		
Dated	, 	$\overline{}$	
V V vot		!/	
Signature of a	member or authorized representative of a member		
. 0 0			
Kevin Moyen Je.	('Mristopler I	Hunt	

Page 3 of 3

Filing Fee: \$25.00