

8/15/23, 3:30 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L16000120124**

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

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Account Number : FCA000000023  
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2023 AUG 15 PM 4:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLCAMND/RESTATE/CORRECT OR M/MG RESIGN  
NSI BENEFITS, LLC

Certificate of Status	0
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2023 AUG 15 AM 7:08

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSI Benefits, 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 June 27, 2016 and assigned  
Florida document number L16000120124

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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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, 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>
MGR	NSI Insurance Group Ventures, LLC	5875 N W 163rd Street, Suite 207	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oscar Seikaly	5875 N W 163rd Street, Suite 207	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**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 August 4 2023

Signature of a member or authorized representative of a member

Joseph G. DuBois, Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**