L/6000/33303

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Zip/Filone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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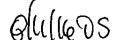
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SECRETARY OF STATI



COVER LETTER

TO: Registration Se Division of Co				
	Medicare Group			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub-	-		
	Michelle Renta			
	·-	Name of Person		
	Kingdom Benefit Group			
	 	Firm/Company		
	2771 Spicebush Loop			
		Address		TAI SE
	Apopka, FL 32712			CS A T
	mrenta@jnrbenefitgroup.co	City/State and Zip Code m		AUG 10 PM 12: 37
	E-mail address: (to be used for future annual report notificat	ion)	
For further information of	concerning this matter, please ca	all:		2: 3 ONE: 3
Harry Renta		407 334-3668		F
Name o	f Person	at () Area Code Daytime Te	lephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kingdom Medicare Group LLC		
(Name of the Limited L (A F	Liability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on July 14, 2016	and assigned
Florida document number L16000133303	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Kingdom Benefit Group 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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
		SE(
		最長工
B. If amending the registered agent and/or	registered office address on our records, e	nter the name of the nev
registered agent and/or the new registered office		M O FR
Name of New Registered Agent:		D STATE
Name of New Registered Agent.		ΞΞ ω
New Registered Office Address:		7
	Enter Florida street address	
_	, Florid	a
_	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

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 = Mark	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		 	□ Remove
			□ Change
			Add
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lfan ef Note:	tive date, if other than the date of filing:	
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.	r o!
Dated	August 8 2016	
Jaicu	Mall. Ja	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00