L16000228660

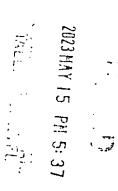
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Charles as

COVER LETTER

TO:

Registration Section

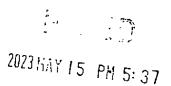
Tallahassee, FL 32314

| Division of Cor | porations | _ | | |
|--|--|--|---------------------------------|---|
| er in tivzer. | America's Benefit, L | A.C | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | David Singh | | | |
| | | Name of Person | | |
| | Haddock Investments | | | |
| | | Firm/Company | | |
| | 100 N. Forest Park Blvd. S | uite 100 | | |
| | | Address | ,_ | |
| | Fort Worth, Texas 76102 | | | |
| | | City/State and Zip Code | · | |
| | David@haddockinvestment | | | |
| | | to be used for future annual | report notific | ration) |
| For further information c | oncerning this matter, please of | all: | | |
| David Singh | | 817 \$8 at () | 5-8390 | |
| Name o | f Person | Area Code | Daytime | Telephone 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 tadditional copy is en | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration : Division of C | Section | | ddress: ation Secton of Corp | |
| P.O. Box 632 | • | | intre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



AMERICAS BENEFIT, 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 12/19 | 9/2016 | and arrianed |
| Florida document number L16000228660 | , | • | | and assigned |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | illity company here | : | |
| The new name must be distinguishable and contain the | words "Limited Lizh | ility Company," the desi | gnation "LLC" or the abbn | viation "L.L.C." |
| Enter new principal offices address, if appl | | 110 FRONT STRE | EET, # 300 | |
| (Principal office address MUST BE A STREET ADDRESS) | | JUPITER, FLORIDA 33477 | | |
| | | | | |
| Enter new mailing address, if applicable: | | 100 N FOREST P | ARK BLVD, #100 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | FORT WORTH, TEXAS 76102 | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office : | address on our reco | ords, <u>enter the name</u> (| of the new registere |
| Name of New Registered Agent: | RONNIE BAG | LEY | | |
| New Registered Office Address: | 110 FRON STE | | ** ***** | |
| | | Enter Florida | street address | ** *** • |
| | JUPITER | | , Florida ³³⁴⁷⁷ | • |
| | . | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |

L

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, Signat 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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------|-------------------|------------------------------|----------------|
| MGR | GERALD W. HADDOCK | 100 N FOREST PARK BLVD, #100 | - |
| | | FORT WORTH, TEXAS 76102 | □Remove |
| AMBR | MARK ALAN DUNN | 2(1 (115)) | ☐ Change |
| | | 261 SHEPPARD DR | □ Add |
| | | DAWSONVILLE, GA 30534 | ≅Remove |
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| fective date | , if other than the date of filing: |
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| <u>)te:</u> II the da: cument's effe | the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records. |
| | notice that the Department of State's records. |
| | |
| cord specific | s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| is filed. | (1) - we yeth day and; |
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| 4 | 2023 |
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| ted | Check M De La Col for Signature of a member or authorized respective of a member |
| ted | Chester Washers of a member or authorized representative of a member Chester W. Grand 2 inski Tr. Typed or printed name of signee |

Filing Fee: \$25.00