

L16000278660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

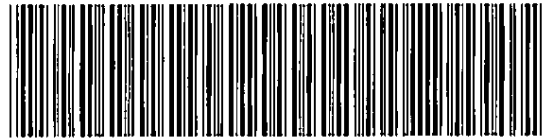
(Business Entity Name)

(Document Number)

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06/15/23--01023--013 4-29-20

2023 MAY 15 PM 5:37
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cf...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: America's Benefit, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Singh
Name of Person

Haddock Investments
Firm/Company

100 N. Forest Park Blvd. Suite 100
Address

Fort Worth, Texas 76102
City/State and Zip Code

David@haddockinvestments.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Singh at (817) 885-8390
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2023 MAY 15 PM 5:37

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 12/19/2016 and assigned Florida document number L16000228660

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: 110 FRONT STREET, # 300
JUPITER, FLORIDA 33477
(Principal office address MUST BE A STREET ADDRESS)

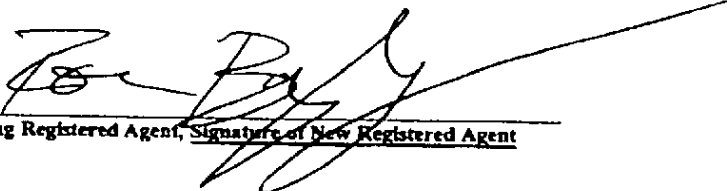
Enter new mailing address, if applicable: 100 N FOREST PARK BLVD, #100
FORT WORTH, TEXAS 76102
(Mailing address MAY BE A POST OFFICE BOX)

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: RONNIE BAGLEY
New Registered Office Address: 110 ^{Front}FRON STREET, #300
Enter Florida street address
JUPITER, Florida 33477
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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GERALD W. HADDOCK	100 N FOREST PARK BLVD, #100	<input checked="" type="checkbox"/> Add
		FORT WORTH, TEXAS 76102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK ALAN DUNN	261 SHEPPARD DR	<input type="checkbox"/> Add
		DAWSONVILLE, GA 30534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 8, 2023.

Chester W. Grandzinski, Jr.
Signature of a member or authorized representative of a member

Chester W. Grandzinski, Jr.
Typed or printed name of signee

Filing Fee: \$25.00