1700033454

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COVER LETTER

Division of Cor	porations					
ѕивјест: <u>Всћ</u>	Chmark F.	nancial Insure	rance Advisors	. LLC		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Sonja VanLangevelde					
		Name of Person				
	Benchmark Financial Grou	up LLC				
		Firm/Company				
	2401 NW Boca Raton Blvd, Suite 200					
Address						
	Boca Raton, FL 33431					
		City/State and Zip Code				
	svanlangevelde@dbllp.com					
	E-mail address: (to be used for litture annual report noti	lication)			
For further information of	oncerning this matter, please co	ıll:				
Sonja VanLangevelde		561 886-5260				
Name e	f Person	at ()	e Telephone Number			
Enclosed is a check for t	he 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)			
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benchmark Financial Insurance Advisors LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nay as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000033454	were filed on 2/10/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 or registered agent and/or the new registered office address her		r the name of the n
	_	17
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Crince Address.	Enter Florida street address	
	, Florida,	. Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	i familiar with and or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Timothy Devlin	2401 NW Boca Raton Blvd	≅ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			_ □ Remove
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					3.	
fective date, if other than n effective date is listed, the date ote: If the date inserted in the eument's effective date on the	must be specific a is block does no	and cannot be pri t meet the appl	icable statutory	or more than 90 day	(optional) s after filing.) Pursua s, this date will not	nt to 605,02 : be listed
record specifies a dela The 90th day after the			ot an effecti	ve time, at 12	:01 a.m. on the	earlier:
ned May 22	-5	2017	·			
			0			

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Typed or printed name of signee

Filing Fee: \$25.00