L17000157915

(Re	questor's Name)	
(ive	equestor s manne)	
(Ad	ldress)	<u> </u>
Ų io		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	ısiness Entity Nan	ne)
(55	isiness Emily Hall	
(Do	cument Number)	
·	ŕ	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		





600313620436

05/24/18--61008--015 **25.00

SECRETARY OF SIME BIVISION OF CORPORATIONS

18 MAY 24 PH 2: 08

N COOPER MAY 2 5 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A+ Benefits LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamie Baumeister Name of Person
Jamie Baumeister Name of Person A + Benefits LLC Firm/Company
5969 Cattlemen Lane
Sarcusota FL 34232 City/State and Zip Code in baumeister emynst-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jame Baumeister at (941) 720-8172 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
(A Florida Limited I	Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L170001539 85</u> .	were filed on $\frac{7\sqrt{8}\sqrt{17}}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5969 Cattlemen Lane
(Principal office address MUST BE A STREET ADDRESS)	Sarasota FL 34232
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5969 Cattlemen Lone 2 PARTE Socrasota FL 34232 7 REGEL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
At the state of th	

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>	Address	Type of Action
MGR	JoAnna Baumeister	5969 Cattlemen Lane	X Add
		Sarasota FL 34232	Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change
			D Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change

				 -		-		-
	<u> </u>			-,				_
	····				-			_
								-
							-	-
		<u></u>						-
					<u>-</u>			_
		<u> </u>	····				- = = =	IVIO IS
				······································		 -		HORE I
		,					24	- 52 - 52 - 53
							3	- 공연 - 공연
	-			,,,,			2: 08	AHON:
								77 -
						·		_
							,,	_
								_
(If an effectiv Note: If t	date, if other than the we date is listed, the date mus he date inserted in this bl is effective date on the D	it be specific and c ock does not me	annot be prior the the application	to date of filing o	r more than 90 day	(optional) vs after filing.) Pur ts, this date will	suant to 60 not be lis	05.0207 (: sted as th
the record The 90	d specifies a delayed th day after the rec	d effective da ord is filed.	ite, but not	an effectiv	e time, at 12	:01 a.m. on	the earl	ier of:
Dated	May 21		2018					
		Signature of a me			ive of a member		·-···	
	Jamie P							

Page 3 of 3

Filing Fee: \$25.00