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CHDIECT		OLF BENEFITS, LLC		
SUBJECT		Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Alvaro A. Acevedo		
		Brickell Law Group	Name of Person	
		1395 Brickell Avenue, S	Firm/Company te 800	
		Miami, Florida 33131	Address	
		legal@lawyercpa.com	City/State and Zip Code	
			to be used for future annual report noti-	fication)
For further	information co	oncerning this matter, please co	all:	
Alvaro A.	Acevedo		305 2049545 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	te 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/COURIER ADDRESS:

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

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

STONEWOLF BENEFITS, LLC (Name of the Limi	ted Liability Company as it now:	appears on our records.)
Vesame of the familia	ted Liability Company as it now : (A Florida Limited Liability Comp	pany)
The Articles of Organization for this Limited L	iability Company were filed o	on 12/18/2017 and assigned
Florida document number L17000257412	 ·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability compa	iny here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company	"the designation "LLC" or the abbreviation "LLC"
		S SE
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		™ 79° ₩ 298
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	-
3. If amending the registered agent and registered agent and/or the new registered o		ss on our records, <u>enter the name of the</u>
Name of New Registered Agent:	BRICKELL LAW GROUP	, P.A.
New Registered Office Address:	1395 Brickell Avenue, Ste	e. 800
	Ent	er Florida street address
	Miami	Florida 33131
	City	Zip Code

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	10.1001.001.001.001.001	
	,	
	= Manager	
AMBK =	R = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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an effective date is listed, the date must bote: If the date inserted in this block	e specific and can	mot be prior to d	late of filing or a	more than 90 day	(optional) ys after filing.) Pu	ursuant to 60	05.020
ocument's effective date on the Dep			o survivory ini	ng requiremen	is, this date wil	n not be in	sicu a.
e record specifies a delayed of The 90th day after the recor		e, but not a	n effective	time, at 12	: 01 a. m. on	the ear	lier o
August 31	. 3/	2018	. 1	, ,			
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<u> </u>	guature of a mem	iber or authorize	ed representativ	e oka member	<u> </u>		
Alvaro A. Acevedo	- /						

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Filing Fee: \$25.00