

119000 166562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

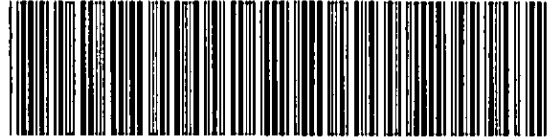
(Business Entity Name)

(Document Number)

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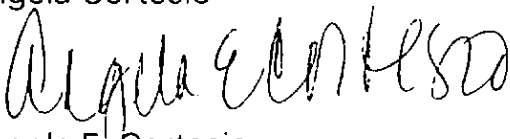
**From:** Angela Cortesio [acortesio@transcendbg.com](mailto:acortesio@transcendbg.com)  
**To:** Angela Cortesio [acortesio@transcendbg.com](mailto:acortesio@transcendbg.com)  
**Date:** Friday, September 18, 11:50 AM

Please find attached my completed form to remove two authorized members & replace with one authorized member. Everything else is the same.

Also enclosed my check for \$60.

My address & email are below.

Sincerely,

Angela Cortesio  
  
Angela E. Cortesio  
Founder|CEO  
Transcend Benefits Group

P+ 954.663.1376  
E+ [acortesio@transcendbg.com](mailto:acortesio@transcendbg.com)

[www.tbgiensure.com](http://www.tbgiensure.com)  
<https://www.gigbenefits.net>  
<https://truly safer.com>

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

Transcend Benefits Group L.L.C.

(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 07/10/2018 and assigned  
Florida document number L18000166562.

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:

(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 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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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**

[REDACTED]

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>
AMBR	Glenn Chavious	12281 NW 73rd Street Parkland, FL 33076	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Burke Harrington III	1545 18th Street NW Unit 803	<input type="checkbox"/> Add
		Washington DC 20036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John C Harrington	12281 NW 73rd Street Parkland, FL 33076	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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