119000 283 326

(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	(ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Consist Instructions to	- Fili Offi	-
Special Instructions to	o Filing Officer:	
-		

Office Use Only



90033437253

09/29/19--01081--011

2019 SED 26 AN 10:

သမ

O GOLDEN

OCT 1 4 2019

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	Benefits W	izard LLC			
SUBJECT;	<u> </u>	Name of Lim	ited Liability Company	-	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		William H. Thomas, III			
		William H. Thomas, III. P.	Name of Person		
		P.O. Box 10498	Firm/Company		-
		Greenville, SC 29603	Address		
		Greenvillelaw@aol.com E-mail address: (City/State and Zip C		ication)
For further i	nformation c	oncerning this matter, please ca	all:		
William H.	Thomas, III		864 at (298-0064	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclosed is	a check for t	ne following amount:			
■ \$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Cop (additional copy)	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regi Divi: Clift	EET/COURIA stration Section sion of Corpora on Building Executive Cer	ations

Tallahassee, FL 32301

WILLIAM H. THOMAS, III P.A. ATTORNEY AT LAW

September 3, 2019

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Benefits Wizard, LLC

Dear Sir/Madam:

We are submitting this change of name on behalf of both Benefits Wizard, LLC and Be Wizard, Inc. Benefits Wizard, Inc has a pending application to incorporate, Document W1900(this application was originally denied due to the conflict in names between the LLC and the Corp so we are submitting herewith an amendment to change the name of the LLC so that the Corp application can be approved.

Thank you for your attention to this matter.

Very Truly Yours,

William H. Thomas, III

Enclosure

TO ARTICLES OF ORGANIZATION OF

Benefits Wizard, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and as Florida document number L18000283326 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BW-1, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 domp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabili company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type
			□ R ₁
			CI
			□ A(
			□ Rc
			□ Ch
			Ad
			Chai
			Rem
			O Chan
			Add
			Rema
			Chan
			Dadd
			Remo
			Chanş

or removed from our records:

	-			-	
					
					_
_					
					<u> </u>
	-				
		- 4-	-		
		-		<u>_</u>	
		<u> </u>			
				_	
_					
E. Effective	e date, if other than the da	te of filing:		(optional)	
Note: 1f	ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	does not meet the applica	o date of filing or more tha ble statutory filing requ	n 90 days after filing.) Pu irements, this date wil	rsuant to 60 not be lis
If the record (b) The 9	rd specifies a delayed ef Oth day after the record	ffective date, but not l is filed.	an effective time,	at 12:01 a.m. on	the earli
Dated	ugust 27	2019			
	William Sin	nature of a member or autho	ong.	h.	
	W.11. A.			7200	
		Typed or printed	d name of signee	- . -	j

Page 3 of 3

Filing Fee: \$25.00