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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Federal Employee 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: |
| LaTahyana Hudson Name of Person |
| Federal Employee Benefits, LLC |
| 103 Afexander Woods Drive |
| Plant City FL 33563 City/State and Zip Code |
| E-mail laddress: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| LuTahyuna Hudson at (813) 720-4726 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$555.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| | baity Company as it now appears on our recorded Limited Liability Company) | rds.) |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liabilit Florida document number <u>L1900 109</u> 2 | y Company were filed on <u>04/22</u> 329 | and assigned |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the land. Life Refirement. The new name must be distinguishable and contain the words. | of Investments | 5C or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | rds, enter the name of the ne |
| Name of New Registered Agent: | | 27. |
| New Registered Office Address: | Enter Florida street add | ress Circle C |
| | | Florida |
| | 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

| f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person—being add</u> or removed from our records: | | | | |
|--|------------------------------|---------|--|--|
| IGR = M MBR = A | lanager .uthorized Member | | | |
| <u>itle</u> | <u>Name</u> | Address | Type of Action | |
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Filing Fee: \$25.00