

L19 0002 37298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

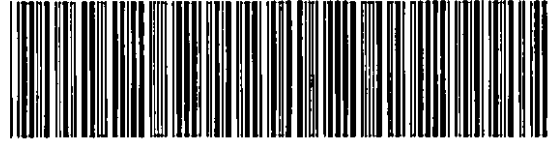
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/23/21--01034--011 \*\*50.00

2021 AUG 23 AM 11:18  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

Jo



3030 N. Rocky Point Dr. W.  
Suite 150  
Tampa, FL 33607  
Tel: (727) 537-6702

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August 20, 2021

Florida Department of State  
Division of Corporations  
LLC Amendments Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Name Change – L19000237298  
FBIC Educators, LLC

Dear Person:

Enclosed you will find an amendment requesting a name change of the above referenced entity. Also, enclosed is a release of the name "Federal Benefits Information Center" to FBIC Educators, LLC to allow for the requested name change. The directors of Federal Benefits Information Center Inc., the releasing entity, are the same as the principals of FBIC Educators, LLC.

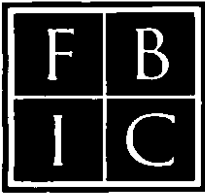
As a brief history, Federal Benefits Information Center, LLC (L17000007544) was originally formed in 2017. In 2019, Federal Benefits Information Center, LLC was converted to a Florida nonprofit corporation, Federal Benefits Information Center, Inc. (N19000005876). Due to the extenuating circumstances of COVID-19 and the inability of the nonprofit organization to obtain sufficient donations and or financing to continue operating as a nonprofit, the organization's directors voted to dissolve the nonprofit entity and release the name "Federal Benefits Information Center" to FBIC Educators, LLC and Dennis Edmonds.

We hope that you will accept these documents as sufficient to affect the requested name change. Should you require any further information, please contact me at (727)744-3111 or by email to [brendaedmondsepa@gmail.com](mailto:brendaedmondsepa@gmail.com).

Sincerely,

  
Brenda Edmonds

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**FEDERAL BENEFITS  
INFORMATION CENTER**

Dennis Edmonds, ChFEBC™  
970 Lake Carillon Drive, Suite 300  
St. Petersburg, FL 33716  
Tel: 800.916.6115

August 20, 2021

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Release of "Federal Benefits Information Center"

Dear Person:

Federal Benefits Information Center Inc. (the "Organization"), a Florida nonprofit corporation (N19000005876), has been formally dissolved effective August 20, 2021. In conjunction with the dissolution of the Organization, its directors have approved the release of the Organization name to both FBIC Educators LLC and Dennis Edmonds for use as either entity deems appropriate. Dennis Edmonds, a director of the Organization, is also the majority member of FBIC Educators LLC.

Please accept this letter as an official release of the name "Federal Benefits Information Center" from Federal Benefits Information Center Inc to both Dennis Edmonds and FBIC Educators LLC for use as either entity deems appropriate. Should you have any questions, please contact Brenda Edmonds at [brendaedmondscpa@gmail.com](mailto:brendaedmondscpa@gmail.com) or via phone at (727)744-3111.

Sincerely,

Dennis Edmonds, Managing Director

Brenda Edmonds, Director

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FBIC Educators 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:

Brenda Edmonds

\_\_\_\_\_  
Name of Person

FBIC Educators LLC

\_\_\_\_\_  
Firm/Company

814 Lantern Way

\_\_\_\_\_  
Address

Clearwater, FL 33765

\_\_\_\_\_  
City/State and Zip Code

brendaedmondsepa@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Brenda Edmonds at ( 727 ) 744-3111  
Name of Person Area Code Daytime Telephone Number

enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FBIC EDUCATORS LLC

(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 09/19/2019 and assigned Florida document number L19000237298.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FEDERAL BENEFITS INFORMATION CENTER LLC

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)**

3030 N. Rocky Point Dr. W.

Suite 150

Tampa, FL 33607

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 6257

Clearwater, FL 33758

**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: BRENDA EDMONDS

New Registered Office Address: 814 LANTERN WAY

Enter Florida street address

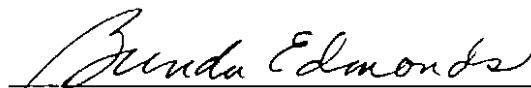
CLEARWATER, Florida 33765

City

Zip Code

**With 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRENDA EDMONDS	814 LANTERN WAY	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2024 AUG 23 AM 11:18

Aug 23 Fri 11:18

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee