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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

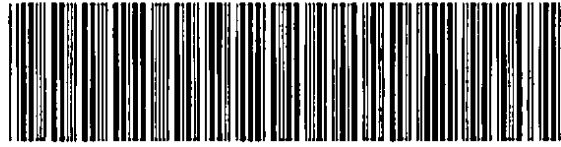
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/20--01019--010 **60.00

SEP 31 AM 9:17

C. GOLDEN

SEP 20 2020

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Benefits Concierge Broadcasting Group LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco Perdomo

Name of Person

Benefits Concierge Broadcasting Group LLC

Firm/Company

98 S Franklin Avenue Unit 33

Address

Valley Stream, NY 11580

City/State and Zip Code

fperdomo@askbceg.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Perdomo

929

281-5590

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

2020.08.31 AM 9:17

Benefits Concierge Broadcasting Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1.2 Articles of Organization for this Limited Liability Company were filed on 07/08/2020 and assigned
Florida document number L20000195031.

1.3 This amendment is submitted to amend the following:

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

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)

155 S Court Avenue

Unit 1610

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

98 S Franklin Avenue

Unit 33

Valley Stream, NY 11580

C. 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

MCGR = Manager
MSIBR = Authorized Member

✓ IBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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