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(Requesto	or's Name)	
(Address)		
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	SONLINE L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joel R Perez		
		Name of Person	
	BENEFITSONLINE L.L.	C.	
		Firm/Company	······································
		Address	
	Aventura, FL 33160		
		City/State and Zip Code	
	jrp4610@gmail.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Joel R Perez		954 670-6820	
Name o	l'Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

2.94 - 24 - Killi 59

BENEFITSONLINE L.L.C.

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

(A Fiorida Dimited	manifity Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/06/2020 and assigned
Florida document number L20000228490	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Prime Insurance Group LLC	·
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	2780 NE 186rd St
(Principal office address MUST BE A STREET ADDRESS)	Apt 514
	Aventura, FL 33160
Enter new mailing address, if applicable:	2780 NE 186rd St
(Mailing address MAY BE A POST OFFICE BOX)	Apt 514
	Aventura, FL 33160
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter the name of the new registe</u>
New Registered Office Address:	Enter Florida street address
	City Zio Code
iew Registered Agent's Signature, if changing Registered Agent:	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 heing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	1627 May 21	3117
<u>Title</u>	<u>Name</u>	Address	Field: 59 Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□Remove
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ffecti	date, if other than the date of filing: (optional)
an eff	e 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 is
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to
ocum	s effective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is fil	
ated	8-11-2020
racea ,	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member The Reference

Filing Fee: \$25.00