## 120000312275

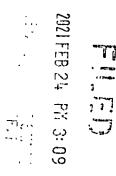
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

OLIM BUZYE.	Benesources Life and Health						
SUBJECT:Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		Wade Nelson					
	Name of Person						
	Benesources Life and Health						
Firm/Company							
112 Hallmark Court							
Lake Mary, Florida 32746							
			City/State and Zip Code				
		wade@benesources.com					
		E-mail address: (	to be used for future annual report noti	fication)			
For further in	nformation c	oncerning this matter, please c	all:				
Wade Nelson		407 840-5777 at ( )					
Name of Person		Area Code Daytim	e Telephone Number				
Enclosed is a	a check for th	ne following amount:					
□ \$25.00 F	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		<u>Street Address:</u> Registration Se	ction				
Division of Corporations			Division of Corporations				
P.O. Box 6327				The Centre of Tallahassee			
Tallahassee, Fl. 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benesources Life and Health		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records. Liability Company)	_)
he Articles of Organization for this Limited Liability Company lorida document number <u>L20000312275</u> .	were filed on 10/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
pen Source Healtheare LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	112 Hallmark Court	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, Florida 32746	207
nter new mailing address, if applicable:	112 Hallmark Court	82 · · · · · · · · · · · · · · · · · · ·
Auiling address MAY BE A POST OFFICE BOX)	Lake Mary, Florida 32746	D I
		بر البار بي البار ال
		0
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter v tortaa street address	
	, Flo.	rida Ziv Code
	Ç	

## 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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
	<del></del>		□Add
			□Remove
			Change
			FRemove
			Cal Change
<u></u>			□Add
			Change
			□Add
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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. February 19 Dated \_\_ 2021

Filing Fee: \$25.00