

L21 0000 55 993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

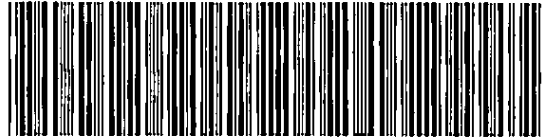
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ Caution St. Vry
Advised to Add
LLC to new
9/13/21 Name

Office Use Only



600372473136

08/30/21--01038--011 **5.00

08/30/21--01038--012 **50.00

2022 AUG 30 PM 1:03

10:30

cc
Name Chg

SEP 13 2021

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Benefit care
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:

Venette St Vry
Name of Person
Benefit care
Firm/Company
8411 rose groves road
Address
Orlando Florida 32818
City/State and Zip Code
benefithealthllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Venette St Vry 407 489-2939
_____ 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**

Benefit care

(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 02/01/2021 and assigned
Florida document number L21000055993

This amendment is submitted to amend the following:

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

Benefit Healthcare Solutions L L C

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8411 rose groves road

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:

Venette St Vry

New Registered Office Address:

8411 rose groves road

Enter Florida street address

Orlando

City

Florida 32818

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

MGR = Manager
AMBR = Authorized Member


[illegible]

[illegible]

(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)

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.

11/7/21



Signature of a member or authorized representative of a member

Venette St Vry

Typed or printed name of signee

Filing Fee: \$25.00