K21000055993

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COVER LETTER

Venette St Vry	Div	rision of Corp	porations		
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 Benifis care Firm/Company 8411 rose groves road Address Orlando Florida 32818 City/State and Zip Code benefithealthle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Venette St Vry Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Second Second Second Second Certificate of Status & Certif	SHR IFCT:				
Venette St Vry	SUBJECT:			ited Liability Company	
Name of Person					
Venette St Vry Name of Person	The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Name of Person	Please return	all correspor	ndence concerning this matter	to the following:	
Benifis care Firm/Company			Venette St Vry		
Firm/Company 8411 rose groves road Address Orlando Florida 32818 City/State and Zip Code benefithealthlle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Venette St Vry at (407				Name of Person	
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Orlando Florida 32818 City/State and Zip Code benefithealthlle@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 (8411 rose groves road		
City/State and Zip Code benefithealthlle@gmail.com				Address	
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Venette St Vry			-		ication)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	For further in	nformation co	ncerning this matter, please ca	all:	
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☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy		Name of	Person		Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a	a check for the	e following amount:		
	□ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

TO:

Registration Section

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

Name of the Lie			
(Name of the Lin	(A Florida Limited	any as it now appears on our records. Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Florida document number L21000055993	Liability Company	were filed on <u>02/01/2021</u>	and assigned
his amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Benifit Healthcare Solutions ししこ			_
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl			
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
			20 64
Enter new mailing address, if applicable:		8411 rose groves road	-: 03 -: 03
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office :	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:	Venette St Vry		
New Registered Office Address:	8411 rose grove	es road	
		Enter Florida street address	
	Orlando	. Flor	rida <u>32818</u>
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			[] Add
			□Remove
			□Change
			□Add
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			□Remove
			Change

T. 00	07/11/2021
Note	ctive date, if other than the date of filing: (07/11/2021 (optional) 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) Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Note docu	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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the inserted on the Department of State's records. Ord 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
<u>Note</u> docu	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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. Order than 40 days after filing.) Pursuant to 605,0207 (3) as the ment's effective date on the Department of State's records. Order than 40 days after filing.) Pursuant to 605,0207 (3) as the ment's effective date on the Department of State's records.
Note docu ne reco	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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. Order than 40 days after filing.) Pursuant to 605,0207 (3) as the ment's effective date on the Department of State's records. Order than 40 days after filing.) Pursuant to 605,0207 (3) as the ment's effective date on the Department of State's records.

Filing Fee: \$25.00