## LZ1000103749

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	orations		•				
			- 17a				
SUBJECT: AllStar Bene	efit Consultants LLC						
	Name of Lin	nited Liability Company					
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Ronald Anno						
		Name of Person					
	Retirement Planning & In		<del> </del>				
		Firm/Company		202			
	27.6	'. " 100	,	ייי טל ייי			
	37 South Indiana Ave., Su	Address					
			(,)	् जि ी			
	Englewood, Florida, 3422	3	120 73				
	20g. 4 101 to 1, 2 122	City/State and Zip Code	<del></del>	3 12 2			
	ron_anno@yahoo.com			ြဲ ယ			
For further information cor	n-mail address: ( neeming this matter, please c	to be used for future annual report not all:	incation)				
Ronald Anno		at (941 ) 928-2187					
Name of I	Person		ne Telephone Number	~ <del></del>			
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)	Certified C	of Status &			
Mailing Address:		Street Address:					
Registration Section Division of Corporations		Registration Section					
P.O. Box 6327	porations	Division of Cor The Centre of T					
Tallahassee, Fl	. 32314		e Street. Suite 810	0			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AllStar Benefit Consultants LLC (Name of the Limited Lia	bility Company as it now appears or orda Limited Liability Company)	n our records.)	<del></del>
(A Flo	rida Limited Liability Company)	, <u> </u>	
ne Articles of Organization for this Limited Liabilit	y Company were filed on Marc	h 03,2021	and assigned
orida document number <u>L21000103749</u>			-
is amendment is submitted to amend the following	:		
If amending name, enter the new name of the I	imited liability company here	:	
IIStar Benefits LLC			
e new name must be distinguishable and contain the words "l	Limited Liability Company," the design	gnation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	<u>n/a</u>		
rincipal office address MUST BE A STREET AD	DRESS)	,	<u> </u>
		, 1.5	1721
		. <del>-</del> in	No.
nter new mailing address, if applicable:	n/a		50 7
failing address MAY BE A POST OFFICE BOX)		7 5 7 5 195.	<u> </u>
James Garages Mill BE AT OUT OF THE BOX		1.3	<u></u>
		1	w
If amending the registered agent and/or registe	rad office address on our ross	in in the second	ω 
ent and/or the new registered office address here	e:	rus, enter the name	of the new regist
Name of New Registered Agent: n/a			<del></del>
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
<del></del>	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>	<u>Name</u>	<u>A</u> ddress	Type of Action
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ective date, if other than the date of filing:	(-	_4		
reffective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days	after filing.	) Pursuar	nt to 605.0;
te: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	ory filing requirements.	this date	will not	be listed
·				
cord specifies a delayed effective date, but not an effective time, at 12:0	) I a.m. on the earlier of	f: (b) Th	e 90th d	lay after ti
s filed.				•
ed April 14th . 2021 .				
Signature of a member or authorized repres	Anna Rad			