

L21000256568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

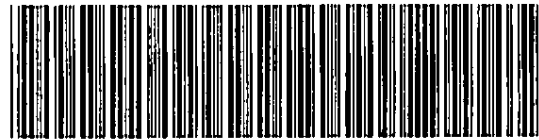
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900398004549

11/28/20--01028--023 \*\*30.00

2022 NOV 28 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2/13/23

V. L. W.

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Advantage Benefits Group LLC

Name of Limited Liability Company

58

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina Brooker

Name of Person

Advantage Benefits Team LLC

Firm/Company

17147 Temple Boulevard

Address

Loxahatchee, Florida 33470

City/State and Zip Code

advantagebenefitsteam@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Brooker

561 886-7383

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**

Advantage Benefits Group LLC

(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 06/02/2021 and assigned  
Florida document number L21000256568.

This amendment is submitted to amend the following:

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

Advantage Benefits Team LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

17147 Temple Boulevard

Loxahatchee, Florida 33470

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

17147 Temple Boulevard

Loxahatchee, Florida 33470

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

, Florida

*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**

2022 NOV 28 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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**

[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)

Dated November 18 2022

Cristina Brooker

**Filing Fee: \$25.00**

# *State of Florida*

## *Department of State*

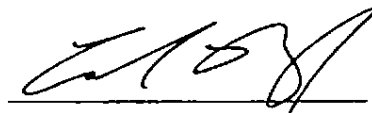
I certify from the records of this office that ADVANTAGE BENEFITS GROUP, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 2, 2021, effective July 1, 2021.

The document number of this limited liability company is L21000256568.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on November 18, 2022, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighteenth day of November,  
2022*



  
*Secretary of State*

Tracking Number: 6645235844CR

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

## Payment Receipt Confirmation

Your payment was successfully processed.

### Transaction Summary

Description	Receipt Confirmation	
	Amount	
	\$243.75	
Total Amount Paid	\$243.75	

### Customer Information

Customer Name	Cristina Brooker	Receipt Date	11/18/2022
Local Reference ID	6645235844CR L21000256568	Receipt Time	11:12:28 AM EST

### Payment Information

Payment Type	Credit Card	Credit Card Number	*****8642
Credit Card Type	VISA	Order ID	25789770

### Billing Information

Billing Address	17147 Temple Blvd	Phone Number	5618867383
Billing City, State	LOXAHATCHEE, FL	This receipt has been emailed to the address below.	
ZIP/Postal Code	33470	Email Address	ccsmiles1970@yahoo.com
Country	US		