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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 10 AM 10:40

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERITAS BLUESTAR RETIREMENT SERVICES, LLC**

Certificate of Status	0
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Page Count	05
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JAN 11 2022

S. PRATHER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

H22000012518

**TO: Registration Section
Division of Corporations**

SUBJECT: Ameritas BlueStar Retirement Services, I.L.C.
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:

Jeanie Ferguson

Name of Person

Kutak Rock LLP

Firm/Company

1650 Farnam St.

Address

Omaha, NE 68102

City/State and Zip Code

jeanie.ferguson@kutakrock.com

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

For further information concerning this matter, please call:

Jeanie Ferguson, Paralegal

at (402) 661-8609

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

H22000012518

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2022 JAN 10 AM 10:40
STATE OF FLORIDA
H22000012518
TALLAHASSEE, FLORIDA

Ameritas BlueStar Retirement Services, 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 October 1, 2021 and assigned
Florida document number L21000430587.

This amendment is submitted to amend the following:

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

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)

822 A1A N, Ste. 211

Ponte Vedra Beach, FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

822 A1A N, Ste. 211

Ponte Vedra Beach, FL 32082

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000012518

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James M. Kais	822 A1A N, Ste. 211	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Timothy G. Werner	822 A1A N, Ste. 211	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Suzanne F. Werner	822 A1A N, Ste. 211	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Susan K. Wilkinson	822 A1A N, Ste. 211	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Robert M. Jurgensmeier	822 A1A N, Ste. 211	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.

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