Laa000030890

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORI	NE :
	NOV - 4	2022

Office Use Only



200396759602

ALLAHASSEE STO

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 097469 7848964
AUTHORIZATION: Spelle Rena
COST LIMIT : \$ 25.00
ORDER DATE: November 3, 2022
ORDER TIME : 1:44 PM
ORDER NO. : 097461-005
CUSTOMER NO: 7848964
DOMESTIC AMENDMENT FILING
NAME: BIRDSONG HEARING BENEFITS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV -3 AM 9: 38
SELBETARY OF 5

Birdsong Hearing Benefits, LLC		ے بی ب
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	38
The Articles of Organization for this Limited Liability Com	pany were filed on January 27, 2022	and assigned
Florida document number 1.22000030890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	laZip Code
	z.ii.	mp 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>	Address	Type of Action
MGR	Candice Cobb	580 Howard Ave. Somerset, NJ 08873	= Add
			□Remove
			□Change
MGR Michael Schmid	Michael Schmid	580 Howard Ave, Somerset, NJ 08873	□Add
			≣ Remove
			□ Change
		 	□Remove
			□Change
			□Add
		🗆 Remove	
		Change	
			□Add
		□Remove	
			□Change
			DAdd
			□Remove
			□ Change

-	
	· · · · · · · · · · · · · · · · · · ·
•	
-	
•	
-	
-	
<u>iote:</u>	ive date, if other than the date of filing: (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
recoi Lis ti	ed 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 led.
	3 November 2022
	3 November 2022
ated	
ated	
ated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00