

L2200054338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

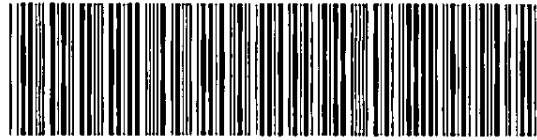
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400397279834

2022 NOV 28 AM 10:23

FILED

11-28-2022 10:10:10 AM

2022 NOV 28 AM 11:10

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Agent Solutions LLC  
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:

Jason Roy  
Name of Person

Firm/Company

1704 Narrow Creek Cove  
Address

Niceville FL 32578  
City/State and Zip Code

jasondr73@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Roy at (901) 270-4974  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2022 NOV 28 AM 10:23

FILED

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

ELite Agent Solutions 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 Feb 1, 2022 and assigned  
Florida document number 222000054338

This amendment is submitted to amend the following:

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

Prime Benefit Solutions 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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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

Florida

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 Changing Registered Agent, Signature of New Registered Agent**

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>Address</u>          | <u>Type of Action</u>                      |
|--------------|----------------|-------------------------|--|
| Ambr         | Larry Pereiro  | 1621 Pine Valley Way    | <input type="checkbox"/> Add               |
|              |                | Henryville, IN. 47126   | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
| Ambr         | Renee Parris   | 2121 Boycott trail      | <input type="checkbox"/> Add               |
|              |                | Hillsborough, NC. 27278 | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
| Ambr         | Timothy Becker | 11811 NE 47th St.       | <input checked="" type="checkbox"/> Add    |
|              |                | Vancouver, WA. 98682    | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |

2022 JULY 28 AM 10:23

776669

2022 MAY 28 AM 10:23

三三三

**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.

Dated

11/28/22

Signature of a member or authorized representative of a member

Typed or printed name of signatory

Typed or printed name of signee