## L23000451317

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Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

ts group agency, LLC				
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
Jennifer Romo				
	Name of Person			
Your benefits group agenc	y llc			
Firm/Company				
841 E 18th st				
	Address	2023 OCT -6 MM 9: 52 SEGRE 1/25 / 1/2 / 1/2 TALL 1/25 / 1/2 / 1/2		
Hialeah, FL 33013				
	City/State and Zip Code			
		ation)		
oncerning this matter, please co	all:			
	786 298-8136			
Person	Area Code Daytime T	elephone Number		
e following amount:				
□ \$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)		
Section	Street Address: Registration Secti			
	Name of Lim  Amendment and fee(s) are sub indence concerning this matter  Jennifer Romo  Your benefits group agenc  841 E 18th st  Hialeah, FL 33013  yourbenefitsgroup@outlook E-mail address: ( concerning this matter, please can  Ferson  The following amount:  \$30.00 Filing Fee &	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Jennifer Romo  Name of Person  Your benefits group agency llc  Firm/Company  841 E 18th st  Address  Hialcah, FL 33013  City/State and Zip Code yourbenefitsgroup@outlook.com  E-mail address: (to be used for future annual report notifical ancerning this matter, please call:  Terson  at (1/2006)  Area Code  Daytime To the following amount:  \$\Begin{array} \$30.00 \text{ Filing Fee & Certificate of Status} & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your benefits group agency, LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on or a Limited Liability Company)	ır r <del>e</del> cords.)	
The Articles of Organization for this Limited Liability C Florida document number 1.23000451317	Company were filed on <u>09/29/202</u>	23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	8 17
(Principal office address MUST BE A STREET ADDI	RESS)	<u>25</u>	- , tal
Estas source disconding address if anoticella.		- ター・ のなっ のよう のよう によっ により	9
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		:11	52
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	s, enter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	ret 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>	Address	Type of Action
AMBR	Jennifer Romo	841 E 18th st Hialeah, FL 33013	■Add
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n effective date is listed, the date n te: If the date inserted in this cument's effective date on the	block does not m	eet the applicab				
ecord specifies a delayed effectis filed.	tive date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90tl	n day after the
October 3		2023	_•			
		)	-			

Filing Fee: \$25.00

Typed or printed name of signee