## L24000205408

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer
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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	Strategic Bene Name of Lim	fit Advisors LLC ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffen	Run yon Name of Person	
	Strategic	Benefit Advisors Firm/Company	LLC
		4+4 St. N St Address	
	St. Pe	City/State and Zip Code  Strategis benefitadu to be used for future annual report noti	3702
	E-mail address: (	Strateur benefitadu	isors. Net
For further information of	concerning this matter, please ca	all:	
Jeffer Name o	Y Runy On Person	at ( <u>954</u> ) <u>302</u> Area Code Daytim	88/0 e Telephone Number
Enclosed is a check for t	he following amount:		
X\$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

	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $05/01/2024$ and assigned	
Florida document number <u>L 24 000 205 40 8</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7027 W Broward Blud	
(Principal office address MUST BE A STREET ADDRESS)	Suite 763	
	Plantation FL 33317	
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 register	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
agent and/or the new registered office address here:	Enter Florida street address	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code	
agent and/or the new registered office address here:  Name of New Registered Agent:	City Zip Code	

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
			🗀 Add
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Effective date, if other than the date of filing:	i <b>onal)</b> r filing.) Pursuant to 605,0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi	is date will not be listed as
locument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	The Ood desidents
d is filed.	ine 90th day after the
	}
Dated	(.)
	:
$\cdots$	•
Signature of a member of authorized representative of a member  Jeffery Runyon  Typed or printed name of signee	-1