## 124000306518

(Rec	juestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
L	211	

Office Use Only



800433978458

07/31/24--01026--006 \*\*25.00



## **COVER LETTER**

.

	Registration Se Division of Cor			
CHRIC	Benefits Co	onsulting Agency LLC		
SUBJEC	,I: <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Uko Akpan		
			Name of Person	<del></del>
		Benefits Consulting Age	ncy LLC	
			Firm/Company	
		4 N Federal Hwy PH 859	9	
			Address	
		Dania Beach, FL 33004		
			City/State and Zip Code	<del></del>
		uakpan24@aol.com		
		E-mail address: (	to be used for future annual report notification	)
For furth	er information c	oncerning this matter, please c	all:	
Uko Akp	oan		305 772-6885	
•	Name of	f Person	at ()Area Code Daytime Telep	hone Number
Enclosed	is a check for th	ne following amount:		
<b>©</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporat	ions
	P.O. Box 632	7	The Centre of Tallah	assec
	Tallahassee, F	TL 32314	2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benefits Consulting Agency LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 07/09/2024	and assigned
lorida document number L24000306518		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	= ~
		2024 SE: ALL
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Inter new principal offices address, if applicable:	4 N Federal Hwy PH 859	ω 🚍
Principal office address MUST BE A STREET ADDRESS)	Dania Beach, FL 33004	(Figure ) (Figure )
		7
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or registered office	nddraec an own records, enter t	he name of the new registers
gent and/or the new registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter o	he hame of the new registers
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street address	
		rida
	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	Uko Akpan	4 N Federal Hwy PH 859	■Add
		Dania Beach, FL 33004	□Remove
			Change
P	Barton Herndon	314 Clermont Dr	□Add
		Thomasville, GA 31792	■ Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			Remove
			Change
		<del> </del>	□Add
			□Remove
			□Change
			□Add
			Remove
			∏ Chunge

		•					·	
								•
7				• •			<del></del>	•
							··	
							·	
			-					•
		• • •						•
	<del></del>							
			<u> </u>					
								•
		_						
			•					
an effective date ote: If the dat		nust be specific ar block does not	nd cannot be pr meet the app	licable statute			l) ng.) Pursuant to 605 te will not be list	
record specific is filed.	s a delayed effec	tive date, but no	ot an effective	e time, at 12:0	l a.m. on the ca	rlier of: (b)	The 90th day afte	r the
June 24		100	2024					
			<del>_</del>					
		Signature of a	a member er au	ithorized repres	entative of a mem	ber		

Filing Fee: \$25.00