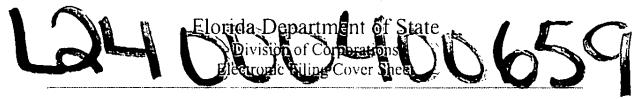
2/4/25, 9:58 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000042568 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BENITFITS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
	FITS LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.		
Please return all corre	espondence concerning this matter to the following:		
	Erik Treutlein		
	Name of Person		
	Legalzoom.com. Inc.		
	FirnvCompany		
9900 Spectrum Dr			
	Address		
	Austin, TX 78717		
	City/State and Zip Code		
	drnatalichines@gmail.com		
	E-mail address: (to be used for future annual report notification)		
For further informatio	on concerning this matter, please call:		
Erik Treutlein	800 773-0888		
Nan	ne of Person Area Code Davtime Telephone Number	_	
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	Certificate of Status  □ \$30.00 Filing Fee & □ \$60.00 Filing F  Certificate of Status  □ \$60.00 Filing F  Certificate of Status  Certified Copy  (additional copy is enclosed)  □ \$60.00 Filing F  Certificate of Status  Certified Copy  (additional copy is	Status & y	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

company has been notified in writing of this change.

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENITFITS LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L24000400659			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Hines and Associates Transportation Services Limited Liability Com	pany		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "U	LC" or the abbreviation "E.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		25.00	
Enter new mailing address, if applicable:		B T	
(Mailing address MAY BE A POST OFFICE BOX)		766 m	
<del>-</del>			
B. If amending the registered agent and/or registered of	ffice address on our recor		
registered agent and/or the new registered office address her	<u>e</u> :	• • • •	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	ess	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office			

If Changing Registered Agent, Signature of New Registered Agent

/S/

To:				Page:	5	of	e
	•	•	•	ugu,	•	0	•

MGR = Manager

2025-02-04 07:00:57 PST

LegalZoom.com, Inc.

From: Candace Pringle

\_ 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:

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remov <b>e</b>
			Change
			□ Remove

• •	Paga, 6 of 6	2025-02-04 07:00.57 PST	LegalZoom.com, Inc.	From: Candace P
D. If amendin	g any other informati	on, enter change(s) here: <i>(Attach d</i>	additional sheets, if necessary.)	
	<b>.</b> .			
				<del></del>
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			****	
E. Effective da	ite, if other than the d	ate of filing:	(optional)	
(If an effective	date is listed, the date must b	e specific and cannot be prior to date of film	ng or more than 90 days after filing.) Pursua	
		k does not meet the applicable statutor; artment of State's records.	y filing requirements, this date will no	t be listed as the
document s	incense date on the 19ep	arthere of State 8 fecores.		
		effective date, but not an effect	tive time, at 12:01 a.m. on the	e earlier of:
(b) The 90th	day after the recor	d is filed.		
Dated	02/04	2025		
บสเซน		·		
/0	S/ NATALIEL DI	INES		
-	S/ NATALIEL HI			
	Si	gnature of a member or authorized represen	ntative of a member	
	ATALEL UNEO			
1)	ATALIE L. HINES			
_		Typed or printed name of sig	nee	

Page 3 of 3

Filing Fee: \$25.00