L24000510464

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	P: BROOK 1/2
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
	RIGHTPATH BENEFITS LLC (CORPORATE NAME AND DOCUMENT #)	
	COM CRATI, SAMI, ASID DOCOM	
2.	CORPORATE NAME AND DOCUM	(ΕΝΤ #)
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6.	CORPORATE NAME AND DOCUM	IENT#)
SPECIAL 1	INSTRUCTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RIGHTPATH BENEFITS LLC

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(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	- 07
(A Florid	a Limited Liability Company) TALL	AHASSEE FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on 12/10/2024	and assigned
	company were fried on	and assigned
Florida document number L24000510464	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RIGHTPATH INSURANCE SERVICES, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •	n FCC	<u>- :</u>
Principal office address MUST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	d office address on our records, enter th	e name of the new regist
agent and/or the new registered agent and/or registere	u office address on our records, effer in	e name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 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
			□ Remove
			□Change
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i an effective date is listed, the date mu	e date of filing: ast be specific and cannot be prior to date of block does not meet the applicable star Department of State's records. ve date, but not an effective time, at 1	it ning or more than 90 days after tutory filing requirements, thi	filing.) Pur s date will	not be i	isted as
record specifies a delayed effective					
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d is filed.					
DEC 30	mons King Signature of a member or authorized re	presentative of a member			