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(Requestor's Name)
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2011 MAY -9 RM # ##

C. LEWIS

MAY 1 0 2011

EXAMINER

COVER LETTER

TO: Registration S Division of C			16 av		
		·		·	
SURJECT: Great A	merican Senior Benefits, LL	С			
SCHOLET.	(Name of Foreign		ity Compan	ny)	
Dear Sir or Madam:					
The enclosed applica	ation, certificate and fee(s)	are submitted	for filing.		
Please return all corr	respondence concerning th	is matter to the	following:	:	
Brenda Anthony					
	(Name of Person)				
Central Licensing Bure					
	(Firm/Company)				
1501 N University, Su	uite 550			•	
1001 IV Chitorolty, Cu	(Address)				
Little Rock, AR 7220	7				
	(City/State and Zip Cod	le)			
For further informat	ion concerning this matter	, please call:			
Brenda Anthony		at (_501)	664-8044		
	ne of Person)		Daytime T	elephone Number)	
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
Registration		Registration Section			
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327 Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32301			1 ananass	ce, Florida 32314	
Enclosed is a check	for the following amour	ıt:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Filin Certified	•	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department State: Great American Senior Benefits			
2.	Jurisdiction of its organization: Ohio MOIOOOOQQQ4O			
3.	Date authorized to do business in Florida: 10/03/2001			
	SECTION II (4-7 complete only the applicable changes)			
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 10/06/2010			
5.	New name of the limited liability company: American Senior Benefits, LLC (must end with "Limited Liability Company, " "L.L.C.," or "LLC.")			
FI th	f name unavailable, enter alternate name adopted for the purpose of transacting business in lorida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")			
6.	If the amendment changes the period of duration, indicate new period of duration:			
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:			
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:			
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.			
	Ernest Giambra Signature of a member or the authorized representative of a member			

Filing Fee: \$25.00

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Certificate of Amendment of GREAT AMERICAN SENIOR BENEFITS, LLC, an Ohio Limited Liability Company, Registration No. 1231542, changing its corporate title to: AMERICAN SENIOR BENEFITS, LLC, was filed October 08, 2010. Said Limited Liability Company, AMERICAN SENIOR BENEFITS, LLC, an Ohio Limited Liability Company, Registration No. 1231542, was registered on May 25, 2001, is in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of April, A.D. 2011.

Ohio Secretary of State

Validation Number: 201111600839