

M030000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100187610301

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2010 DEC 13 PM 1:48

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR
DEC 13 2010
EXAMINER

10 DEC 13 PM 2:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 605192 4385593

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 2:38

ORDER DATE : December 10, 2010

ORDER TIME : 1:06 PM

ORDER NO. : 605192-005

CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: DISABILITY MANAGEMENT
ALTERNATIVES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT#

EXAMINER: _____

**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 of State: Disability Management Alternatives, LLC
2. Jurisdiction of its organization: Connecticut
3. Date authorized to do business in Florida: 04/08/2003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 2:38

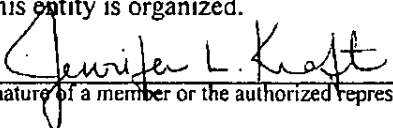
SECTION II (4-7 complete only the applicable changes)

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? December 8, 2010
5. New name of the limited liability company: Aon Hewitt Absence Management, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A

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.


Signature of a member or the authorized representative of a member

Jennifer L. Kraft, Vice President of Member ■

Typed or printed name of signee

Filing Fee: \$25.00

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

AON HEWITT ABSENCE MANAGEMENT, LLC

a domestic limited liability company, were filed in this office on August 04, 2003.

Articles of amendment for DISABILITY MANAGEMENT ALTERNATIVES, LLC, changing its
name to AON HEWITT ABSENCE MANAGEMENT, LLC, were filed on December 08, 2010.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: December 10, 2010