

MO7000000161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

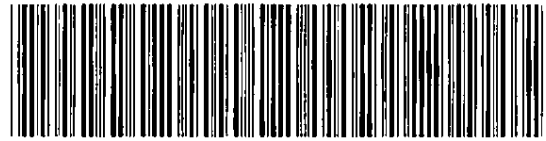
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

units

Office Use Only



100435543921

DO NOT REUSE FOR OTHER PURPOSES

2024 AUG 30 AM 5:36
Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBIZ.MHM, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophia Tahsin, Corporate Paralegal

Name of Person

CBIZ, Inc.

Firm/Company

5959 Rockside Woods Blvd. N., Suite 600

Address

Cleveland, OH 44131

City/State and Zip Code

sophia.tahsin@cbiz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Tahsin at (216) 525-7025
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Delaware

Enter new principal office address, if applicable: 5959 Rockside Woods Blvd. N., Suite 600

(Principal office address
MUST BE A STREET ADDRESS) Cleveland, Ohio 44131

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 5959 Rockside Woods Blvd. N., Suite 600
Cleveland, Ohio 44131

2. The Florida document number of this limited liability company is: M07000000161

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/09/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CBIZ Advisors, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "CBIZ MHM, LLC",
CHANGING ITS NAME FROM "CBIZ MHM, LLC" TO "CBIZ ADVISORS, LLC",
FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2024, AT
5:07 O'CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

4217445 8100
SR# 20243367280

Authentication: 204126492
Date: 08-09-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is CBIZ MHM, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"The name of the limited liability company is CBIZ Advisors, LLC."

By: _____

Authorized Person

Name: John J. Geffert, Sole Manager

Print or Type