

M15000008590

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000009023  
Phone : (512) 418-6549  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MACOMB BENEFIT CONSULTANTS L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

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2017 AUG 29 AM 11:06  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of National Employer Services, LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

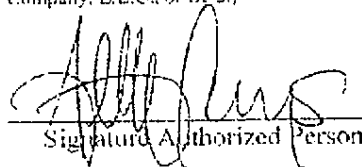
Michigan

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

MACOMB BENEFIT CONSULTANTS L.L.C.

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability  
Company, L.L.C., or LLC.)

  
\_\_\_\_\_  
Signature Authorized Person

11/11/2016  
\_\_\_\_\_  
Date

CR2E122 (12/13)

# 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: MACOMB BENEFIT CONSULTANTS L.L.C.

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M15000008590

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 10/26/2015

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

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

MACOMB BENEFIT CONSULTANTS L.L.C.

(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.*

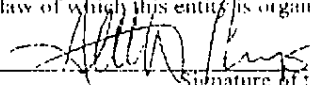
If Changing Registered Agent: Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

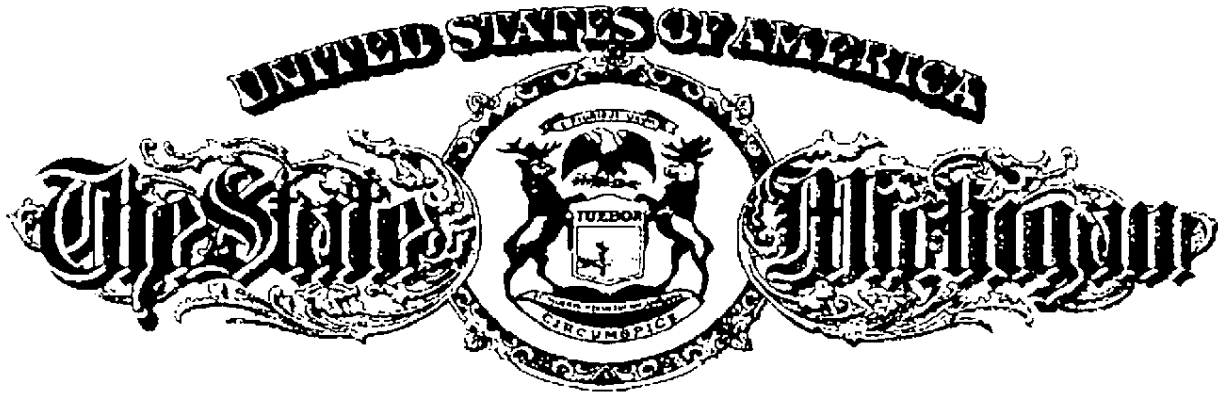
| Title/ Capacity | Name | Address | Type of Action                  |
|-----------------|------|---------|---------------------------------|
|                 |      |         | <input type="checkbox"/> Add    |
|                 |      |         | <input type="checkbox"/> Remove |
|                 |      |         | <input type="checkbox"/> Add    |
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|                 |      |         | <input type="checkbox"/> Add    |
|                 |      |         | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: 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 the authorized representative

Alex Campos  
 Typed or printed name of signee

Filing Fee: \$25.00



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*

**NATIONAL EMPLOYER SERVICES, LLC**

*was validly organized on January 7, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



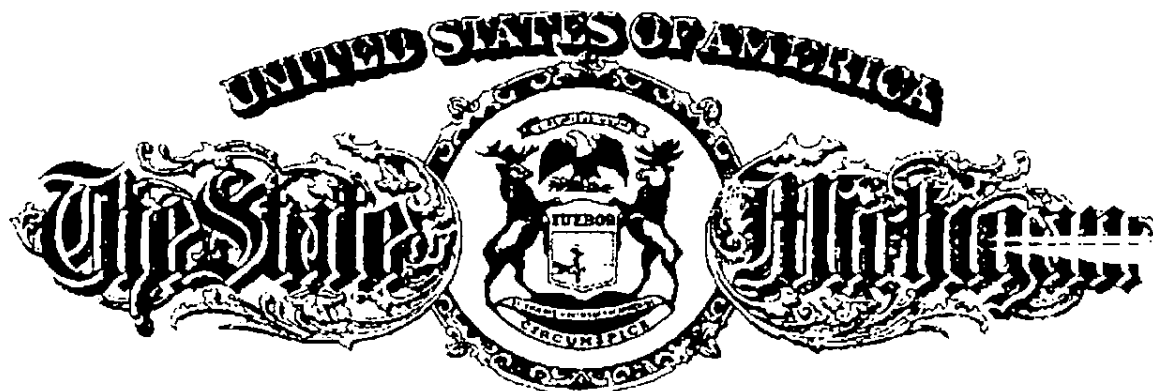
Sent by Facsimile Transmission  
1464062

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 18th day of August, 2017*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau

FILED  
2017 AUG 29 AM 11:00  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08/29/2017 BY SP-10



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States*



Sent by Facsimile Transmission  
1464013

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of August, 2017*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau

FILED  
2017 AUG 29 AM 11:07  
DEPARTMENT OF STATE  
LANSING, MICHIGAN

CSCLCD-715 (Rev. 08/15)

| MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS<br>CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU |                                                                                                                                                |                   |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Date Received<br>MAR 07 2016                                                                                      | (FOR BUREAU USE ONLY)<br><b>FILED</b><br>MAR 07 2016                                                                                           |                   |
| MAR 07                                                                                                            | This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document. |                   |
| Name<br>Stacey Minsky                                                                                             | ADMINISTRATOR<br>CORPORATIONS DIVISION                                                                                                         |                   |
| Address<br>2885 Sanford Ave S.W. #35602                                                                           | EFFECTIVE DATE:                                                                                                                                |                   |
| City<br>Grandville                                                                                                | State<br>MI                                                                                                                                    | ZIP Code<br>49418 |

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ATLANTA, GEORGIA

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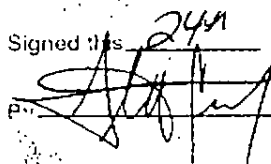
### CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies  
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

|                                                                                                                                                                                   |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. The present name of the limited liability company is:                                                                                                                          | Macomb Benefit Consultants, LLC |
| 2. The identification number assigned by the Bureau is:                                                                                                                           | E16665                          |
| 3. The date of filing the original Articles of Organization was:                                                                                                                  | 01/07/2009                      |
| 4. Article 1 of the Articles of Organization is hereby amended to read as follows:                                                                                                | National Employer Services, LLC |
| 5. <input type="checkbox"/> The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote. |                                 |
| <input checked="" type="checkbox"/> The amendment was approved by unanimous vote of all the members entitled to vote.                                                             |                                 |

This document is hereby signed as required by Section 103 of the Act.

Signed this 24th day of February 2016  
  
 (Signature of Member, Manager, or Authorized Agent)  
 Alex Campos CEO  
 (Type or Print Name and Capacity)