

M 22 000 000 329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

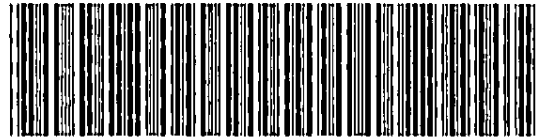
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600395094966

10/03/22--01021--009 **25.00

FILED

2022 OCT -3 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FL

g 12/28/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exude Benefits, 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:

Susan Murphy

Name of Person

ACCEL Compliance

Firm/Company

65 LaSalle Road, Suite 400

Address

West Hartford, CT 06107

City/State and Zip Code

smurphy@accelcompliance.com

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

For further information concerning this matter, please call:

Susan Murphy

at (860) 761-8553

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



Susan Murphy
Analyst
860.761.8553
smurphy@accelcompliance.com

September 23, 2022

VIA UPS

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

Dear Sir/ Madam:

On behalf of Exude Benefits, LLC enclosed please find a Request for Amendment, requesting a name change to "**Mission Driven, LLC**". Also enclosed, please find a check in the amount of \$25.00 for the amendment fee and a certified copy of their resident state's verification of their name change.

Should you require any additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in cursive script that reads "Susan Murphy".

Susan Murphy
Analyst

Enclosures

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

FILED

2022 OCT -3 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FL

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: Exude Benefits, LLC

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: M22000000329

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 1/3/2022

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

5. New name of the limited liability company: Mission Driven, 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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<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.

Marcos R Lopez
Signature of the authorized representative

Marcos Lopez, CFO

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/20/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Mission Driven, LLC

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on May 25, 2022 - Pages (4)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220920172259-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity# : 2711966
Date Filed : 05/25/2022
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	<p>Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822 (rev. 2/2017)</p> <p>TCO220525JD1064</p>
Name <u>PENNCORP SERVICEGROUP, INC.</u>	
Address <u>COUNTER PICK UP</u>	
<u>penncorp@penncorp.net</u>	
City _____ State _____ Zip Code _____	
<input checked="" type="checkbox"/> Return document by email to: <u>165461-1</u>	

Read all instructions prior to completing. This form may be :

Fee: \$70

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Exude Benefits, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

08/27/1996

Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 2218 Race Street, Philadelphia, PA 19103, Philadelphia

Number and street

City

State

Zip

County

(b) c/o:

Name of Commercial Registered Office Provider

County

4. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the limited liability company is Mission Driven, LLC.

The registered office address of the LLC is 325 Chestnut Street, Suite 1000, Philadelphia, PA 19106, Philadelphia

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

PA DEPT OF STATE

MAY 25 2022

6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:

- ☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 16th day of May, 202022.

Exude Benefits, LLC

Name of Limited Partnership/Limited Liability Company

Signature

CEO

Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Docketing Statement – Changes

DSCH:15-134B
(rev. 7/1/2015)



134B

BUREAU USE ONLY:

Revenue _____ Labor & Industry _____ Other _____ Filed Date _____

Part I. Complete for each filing:

Current name of entity or association (*survivor or new entity*):

Exude Benefits, LLC

Entity number, if known: 2711966

Formation/foreign registration date in PA: 08/27/1996

State of formation: Pennsylvania

Effective date, if any: _____

Part II. Check appropriate transaction:

- ☒ Amendment (complete Section A)
☐ Merger (complete Section B)
☐ Conversion (complete Sections A and D)
☐ Revival (complete Section F)
☐ Dissolution before Commencement of Business
(complete Section H)

- ☐ Correction (complete Section A)
☐ Division (complete Section C)
☐ Abandonment (complete Section E)
☐ Domestication (complete Section G)

Section A – Amendment or Correction - Complete fields which pertain to changes:

Name Mission Driven, LLC

Registered Office: 325 Chestnut Street, Suite 1000, Philadelphia, PA 19106, Philadelphia

Number and street City State Zip County

Purpose _____

Stock (aggregate number of shares authorized): _____ Effective Date: _____

Term of Existence: _____ Other: _____

Filing type to be amended or corrected: _____

Section B – Merger - Complete Section A with any changes to the association surviving the merger, if any

Merging entities not surviving the merger are: (*attach sheet for additional merging entities*)

Name _____

Effective Date Incorporation/foreign registration date in PA State of Jurisdiction

Name _____

Effective Date Incorporation/ foreign registration date in PA State of Jurisdiction

Section C – Division - Complete Section A with any changes to the association surviving the division, if any

Check only one: ☐ Entity named in Part I survives ☐ Entity named in Part I does not survive.

Newly created entity(s) from the division are: (attach sheet for additional new entities)

Name _____ Entity Number _____

Name _____ Entity Number _____

Section D – Conversion

Type of converting association (check only one):

- ☐ Business Corporation
- ☐ Nonprofit Corporation
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability (General) Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Limited Liability Company
- ☐ Professional Association
- ☐ Business Trust/Common Law Trust/Statutory Trust
- ☐ Other _____

Type of converted association (check only one):

- ☐ Business Corporation
- ☐ Nonprofit Corporation
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability (General) Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Limited Liability Company
- ☐ Professional Association
- ☐ Business Trust/Common Law Trust/Statutory Trust
- ☐ Other _____

Jurisdiction _____

Jurisdiction _____

Section E – Abandonment

_____ filed in the Department of State on _____
Type of filing _____ Date of filing _____

Identify all entities involved (attach sheet for additional entities)

Name _____ Entity Number _____

Name _____ Entity Number _____

Section F – Revival - complete Section A with any changes to revived association

☐ Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

Section G – Domestication

Domesticating jurisdiction _____

Domesticated jurisdiction _____

Check if applicable

☐ Domesticated entity is a nonregistered foreign association

Section H – Dissolution before Commencement of Business

☐ Entity named in Part I hereby dissolves prior to the commencement of business.