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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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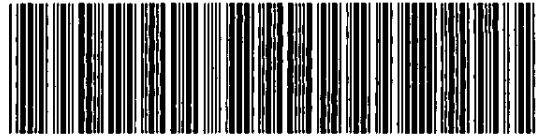
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DIVISION OF CORPORATIONS  
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T. HAMPTON

FEB 17 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thesco 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:

Johannes Cloete

Name of Person

T&H Benefits LLC

Firm/Company

320 West 57th Street

Address

New York, NY 10019

City/State and Zip Code

elenab@thgroup.com

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

For further information concerning this matter, please call:

Johannes Cloete

Name of Person

at ( 212 ) 603-0200

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

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

# THESCO

BENEFITS, LLC

February 10, 2010

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

Re: Thesco Benefits, LLC  
FL ID# M98000001384

Dear Sirs,

Please be advised that there was a name change for the company holding the above registration number.

On January 25<sup>th</sup>, 2010 the name Thesco Benefits, LLC was changed to T&H Benefits LLC. FEIN (13-3921260) remains unchanged. With regard to the name change please find enclosed:

1. Amendment Application for Authorization completed and signed.
2. Certificate of Amended evidencing the name change issued by the NYS Secretary of State Office.
3. Current list of officers/managing members.
4. Check in the amount of \$25.00 representing filing fee.

We trust you will find the enclosures in order and Amended Certificate will be issued without delay.

Please do not hesitate to advise if additional requirements are needed or if we might be of further assistance.

Sincerely,



Elena Balyuk  
T&H Group, Inc.  
Compliance Manager

**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: Thesco Benefits, LLC
2. Jurisdiction of its organization: State of New York
3. Date authorized to do business in Florida: 11/24/1998

**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? January 25, 2010
5. New name of the limited liability company: T&H Benefits 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:  
\_\_\_\_\_
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

  
Signature of a member or the authorized representative of a member

Johannes Cloete  
Typed or printed name of signee

**Filing Fee: \$25.00**

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DIVISION OF CORPORATIONS  
10 FEB 16 PM 1:36

***STATE OF NEW YORK***

***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of  
the Department of State, at the City of  
Albany, on January 25, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

CSC 45  
DRAWN DOWN

New York State  
Department of State  
Division of Corporations, State Records & Uniform Commercial Code  
One Commerce Plaza, 99 Washington Avenue  
Albany, NY 12231  
www.dos.state.ny.us

100122000 927

**CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF ORGANIZATION  
OF**

**THESCO BENEFITS, LLC**

*(Insert Name of Domestic Limited Liability Company)*

Under Section 211 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:

**THESCO BENEFITS, LLC**

If the name of the limited liability company has been changed, the name under which it was organized is:

**SECOND:** The date of filing of the articles of organization is: **December 9, 1996**

**THIRD:** The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the limited liability company would read as follows: Paragraph *First* of the Articles of Organization relating to the limited liability company name is hereby amended to read as follows: *First: The name of the limited liability company is ... (new name) ...* )

Paragraph First of the Articles of Organization relating to  
the limited liability company name

is hereby amended to read as follows:

**First: The name of the limited liability company is T&H Benefits LLC**

**X**

**/s/ Johannes L. Cloete**

*(Signature)*

**Johannes L. Cloete**

*(Type or print name)*

**Chief Financial Officer/AUTHORIZED PERSON**

*(Title of signer)*