

ND6000005465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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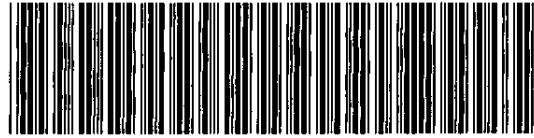
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 20 AM 10:52

Amend
@ 5/31/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Personal Health Benefits Association, Inc.

DOCUMENT NUMBER: NO6000005465 .

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Flax .
(Name of Contact Person)

Personal Health Benefits Association, Inc.
(Firm/ Company)

P.O. Box 19199 .
(Address)

Plantation FL 33318 .
(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael Flax . at (954) 888-1020 .
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2008

YAMY HERNANDEZ
PERSONAL HEALTH BENEFITS ASSOC. INC.
P.O. BOX 19199
PLANTATION, FL 33318

SUBJECT: PERSONAL HEALTH BENEFITS ASSOCIATION, INC.
Ref. Number: N06000005465

We have received your document for PERSONAL HEALTH BENEFITS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 908A00029782

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2008 MAY 20 AM 8:00

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

Personal Health Benefits Association Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 MAY 20 AM 10:52

NO6000005465.
(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Article III should read:

Trade Association

Please make above change.

The date of adoption of the amendment(s) was: May 14, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Michael Flax

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35