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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Federal	1 Emplo	yee	BoweFils	CONSUltan TIAL
DOCUMENT NUMBER: _ K 16 000				46 FCB
The enclosed Articles of Amendment and fee are submitt	ed for filing.			1
Please return all correspondence concerning this matter to	the following:			7: 000
LUIS RAMINEZ				12. 1.2 Tiphe
	ame of Contact Person)		 _
Best Thume,		100	A pison	ate Inc
	(Firm/ Company)			
1720 W FAITFI	eld Dr	ote	302	
	(Address)	-		
Rewisson H	3250/	/		
(C	ity/ State and Zip Code	:)		
Lus G Bast And E-mail address: (to be used fo	r future annual report i	vicas.	com	
For further information concerning this matter, please cal				
Luis Dimirez (Name of Contact Person)	at	80	572-689	16
(Name of Contact Person)	(Ar	ea Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made payat	ole to the Florida Depa	artment of St	tate:	
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certifie	cate of Status ed Copy ional Copy is	
Mailing Address		Address		
Amendment Section Division of Corporations		lment Sections		
LIDURIAN ALL APRACCIONS	1 113/1916	IO ALL AMAA	C*41 14 1111C	

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

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

Articles of Amendment to Articles of Incorporation of

Federal Employe (Name of Corporation as	e BONSTITS CON	Sultant Inc
(Name of Corporation as	s currently filed with the Florida Dept. of	(State)
1176 000000 710		لتي: ١
N 16 000000 710 (Document	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:		poration adopts the following
A. If amending name, enter the new name of the co	orporation:	
rame must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	Benefits conso	Vitants Inc. The new previation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>DX</i>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:		ame of the
New Registered Office Address:	(Florida street ad	(dress)
		. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ions of the position.
	Signature of New Registered Agent,	if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Ε.	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)								
(attach additional sheets, i	f necessary).	(Be specific)	_				
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The date of each amendment(s) adoption	on:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	1-16-2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the	he amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	nt(s) was/were
Dated	8/16	
	or vice chairman of the board, president or other off	
	elected, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	ver, trustee, or
\mathcal{P}_{i}	(Typed or printed name of person signing)	
-	(Typed or printed name of person signing))
	President	
	(Title of person signing)	