A150000000252

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
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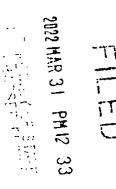
Office Use Only



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LP amend

03/31/22--0:013--014 **81.25



A. RAMSEY APR 2 8 2022

FINANCIAL MARKETING GROUP, LLLP

March 30, 2022

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe St., Suite 810 Tallahassee, Florida 32303

Re: Check Missing to File Amendment for

Financial Marketing Group, LLLP Document #A15000000252

Dear Registration Section:

Enclosed please find our check in the amount of \$61.25 for the filing fee and Certificate of Status for the above partnership (copy of Amendment attached). This check was inadvertently left out of envelope with the Certificate of Amendment sent to your office yesterday.

Please file the Amendment as appropriate and forward the Certificate of Status at your earliest convenience.

Thank you kindly,

Nadine

Nadine Galasso

Paralegal

/Ng Enclosure

COVER LETTER



TO: Registration Section Division of Corporations

| SUBJECT: | Financial Marke | ting G | roup, Ll | LLP | |
|-------------------------|--|------------------|-----------------------------|-------------|---|
| | ame of Florida Limited Part | mership o | r Limited I | _iabilit | ry Limited Partnership |
| The enclosed Certif | icate of Amendment ar | nd fee(s) | are subn | nitted | for filing. |
| Please return all cor | respondence concernin | ig this m | natter to: | | |
| John C. Step | hens III, General P | artner | | _ | |
| | Contact Person | | | | |
| Financial Ma | rketing Group, LLLF |) | | | |
| | Firm/Company | | | _ | |
| 1102 AlA Nor | th, Suite 202 | | | | |
| | Address | | | _ | |
| Ponte Vedra | Beach, FL 32082 | | | | |
| | City. State and Zip Code | | | - | |
| john.stephen | s@finmarkco.com | | - | | |
| E-mail address: (t | o be used for future annual | report not | ification) | _ | |
| For further information | tion concerning this ma | itter, ple | ase call: | | |
| Nadine Galas | so, Paralegal | at (| 904 |) | 285-4944 |
| Name of Cont | act Person | — (1 | ea Code ar | nd Day | time Telephone Number |
| Enclosed is a check | for the following amount | unt: | | | |
| 352.50 Filing Fee | x ☑S61.25 Filing Fee and Certificate of Status | | 5.00 Filing ertified Cop | • | ☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status |
| Mailing Address: | | | Street | <u>Addr</u> | ess: |
| Registration Section | | | _ | | Section |
| Division of Corpora | ntions | | | | Corporations |
| P.O. Box 6327 | | | = | | of Tallahassee |
| Tallahassee, FL 323 | 314 | | | | nroe Street, Suite 810 |
| | | | - Tallaha | assee, | FL 32303 |

CERTIFICATE OF AMENDMENT FILED TO CERTIFICATE OF LIMITED PARTNERSHIP OF 2022 HAR 31 PM 12 33

| Financial Mark | eting Group | partment of State SEE FLOOR |
|--|----------------------------|--|
| Insert name currently on file | e with Florida De | epartment of State SET TO SET |
| Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certific April 13, 2015 assigned Floring adopts the following certificate of amendment to in | ate was filed ida document | with the Florida Department of State on number <u>A15000000252</u> |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the linere: | mited partners | ship or limited liability limited partnership |
| New name must be distinguished | able and contain | an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L | | |
| B. If amending mailing address and/or princip principal office address here: | oal office addi | ress, enter new mailing address and/or |
| New Principal Office Address: (Must be STREET address) | | |
| New Mailing Address: (May be post office box) | | · · · · · · · · · · · · · · · · · · · |
| C. If amending the registered agent and/or registered registered agent and/or the new registered office add | | s on our records, <u>enter the name of the new</u> N/A |
| Name of New Registered Agent: | ***** <u>-</u> | |
| New Registered Office Address: | | |
| | Enter | Florida street address |
| | City | , Florida Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

| | If Cha | nging Registered Agent. Signat | ure of New Registered |
|--------------------|--|--|-----------------------|
| | e general partner(s), <u>enter the name a</u> from our records: | nd business address of ea | ach general partne |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| General Partner | Edward W. Rahn (deceased) | 1102 AlA North, #2, Ponte Vedra Beach, FL 3208 | # 1/C11104C |
| · · · · · · · · | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | _ |
| | | | |

 $(\underline{NOTE};\ \textit{If adding or removing" limited liability limited partnership" status, all general partners \textit{must sign this amendment.})$

| John C. Stephens III is, | and shall be, the sole Manager. |
|---|--|
| | |
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing | |
| (Effective date cannot be prior to nor more than 90 de State.) | ays after the date this document is filed by the Florida Department of |
| Note: If the date inserted in this block does not meet to be listed as the document's effective date on the Depart | the applicable statutory filing requirements, this date will not system of State's records |
| be listed as the document if effective date on the treps | Attitute of State 5 records. |
| | |
| Signature(s) of a general partner or all gen | neral partners*: |
| /*NOTE: Only one current general partner is require | d to sign this document unless the limited partnership is adding or |
| removing a "limited liability limited partnership" elec- | tion statement. Chapter 620, F.S., requires all general partners to sign |
| when adding or removing a "limited liability limited p | partnership" election statement.) |
| CM CHANNE | |
| John C. Stephens III | |
| General Partner | |
| | |
| | |
| | |
| | |
| Signature(s) of all new or dissociating gene | eral partner(s), if any: |
| N/A | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
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| | |
| | |
| | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 | |
| Certificate of Status (optional): \$8.75 | |