L00000011719

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Name:	Andco Cor	nsulting, LLC	
Document #:			
Order #:	15459323	<u>- 1</u>	
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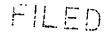
Thank you!

COVER LETTER

TO: Registration Se Division of Cor			
	AndCo Cons	sulting, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eliza Waterman		
		Name of Person	
	Mariner Wealth Advisors,	LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5700 W. 112th Street, Suit	e 500	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Overland Park, KS 66211		
		City/State and Zip Code	***************************************
	eliza,waterman@marinerwe		4
		to be used for future annual report noti	neation)
For further information c	oncerning this matter, please c	all:	
Eliza Waterman		913 214-0488 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$3 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se Division of Co	
Division of C P.O. Box 632	-	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 HAR 27 AM 10: 02 AndCo Consulting, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 25, 2000 and assigned Florida document number _____L00000011719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mariner Institutional, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) B. If amending the registered agent and/or registered office 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

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Anne Dorian	5700 W. 112th St. Ste 500, Overland Park, KS 66211	l ≣Add
			□Remove
			□ Change
MGR	Martin Bicknell	5700 W. 112th St. Ste 500, Overland Park, KS 6621	l ≣Add
			□Remove
			Change
MGR	Cheryl Bicknell	5700 W. 112th St. Ste 500, Overland Park, KS 6621	l ≣Add
			□Remove
			□Change
			□Add
			□Remove
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