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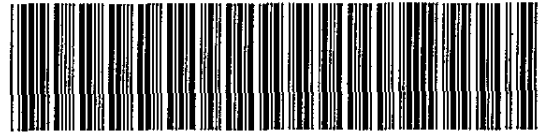
(Business Entity Name)

(Document Number)

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[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECLIPSE FINANCIAL SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN LOICANO
(Name of Person)

ECLIPSE FINANCIAL SERVICES, LLC
(Firm/Company)

9300 SW 8TH STREET, SUITE #205
(Address)

BOCA RATON, FL 33428.
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN LOICANO. at (561) 883-1085.
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ECLIPSE FINANCIAL SERVICES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02/02/04 and assigned document number LP4000004850.

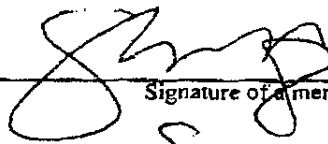
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

AMENDMENT #1 DELETE SHAD HAYNES AS
MANAGER/MEMBER AND REGISTERED AGENT.

AMENDMENT #2 ADD JOHN LOIACONO AS MANAGER/MEMBER
AND REGISTERED AGENT.

Dated NOVEMBER 29, 2004.

9300 SW 8th Street
SUITE #205
BOCA RATON, FL 33428.



Signature of a member or authorized representative of a member

Shad T. Haynes

Typed or printed name of signee

Filing Fee: \$25.00

I JOHN LOIACONO Understand and Accept the responsibility
OF A REGISTERED AGENT.