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T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT. MC Financial Solutions. LLC
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Anthony Mineo
	Mc Financial Solutions LLC Firm/Company
	_
	City/State and Zin Code
	E-mail address: (to be used for future annual report notification)
For fur	•
	Anthony Mineo at 172, 380 2658 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mc Financial S	orytions LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	V 1 v 1	and assimed SECRET
This amendment is submitted to amend the following:		FILED FARY OF OF CORF
A. If amending name, enter the new name of the limited liab	ility company here:	H 2: 33
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the	designation "LLC" or the abbféviation
Enter new principal offices address, if applicable:	752 Ne	Jensen Beach Blue
(Principal office address MUST BE A STREET ADDRESS)	Jensen 3495	Keach, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 100 Port Saint	e Saint Lucie RIND 50 Lucie, FL 3990 34984
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		_, Florida
	City	Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager , MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marcus Zarfos	1921 Se Aneci St	Add
		Port Saint Lucie, FL 34957	Remove
		34957	
			Add
			Remove
			— Add
			SECRETARY VISIONE OF CO
			TARY OF STATE OF CORPORATIONS 22 PH 2: 33
			Remove
			Add
			Remove
			Add
			Remove

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ed <u> </u>	1-000	<u>, 203</u> .	
	/		
	Signature	re of a member or authorized representative of a member	
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	Anthoni	U /VIIPA	

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Filing Fee: \$25.00

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