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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: MCC/ellan Financial Services acco
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Mart McClellas Name of Person
	MCCLeccas Fintucial Services LCC Firm/Company
	8782 CORVUS DR. Address
	Lake WORTH FL 33467
	City/State and Zip Code Mattucclessam 890 @ gMa:1. Com E-mail address: (to be used for future annual report notification)
For furti	her information concerning this matter, please call:
1	Name of Person at (954) Lo4Co - 23 42 Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25	.00 Filing Fee Solutional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

112.11	21 SEP 20 PH 3: 17
MCC/ellan Financial (Name of the Limited Liability Composite (A Florida Limited	Services LC
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/23}{20/3}$ and assigned
Florida document number <u>L/30000 75388</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8782 CORVUS DR.
(Principal office address MUST BE A STREET ADDRESS)	Lake WORTH FL 33467
Parkers of the state of the sta	2702 /2011 - 72
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8782 CORVUS DR. Lake WORTH FL 33407
[MULLING ULLUTESS MAT BE A FOST OF FICE BOA]	MAKE WOKIN TE STYCY
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Man	TT MCC/ellar)
New Registered Office Address: 8782	CORVUS DR. Enter Florida street address
Lake	WORTH Florida 33467 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 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 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			1. And 1.	
<u>Title</u>	<u>Name</u>	Address	21 SEP 20 PH 3: 17	Type of Action
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i vote.	ve date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	9/15 . 2021.
	Signature of a member or authorized representative of a member
	- / But a series of a memory of a memory
	Matthew McClellan (Matt) Typed of printed name of signee

Filing Fee: \$25.00