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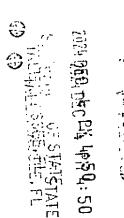
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| Special Instructions to F | iling Officer.    |           |  |
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# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Marcon and Financial Services, LLA 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:  |
| Misty Greenland Name of Person   |
| Marcenland Financial Services LLC  |
| 7402 N 56th St Building 300, STe 355-101   |
| Tampa, F1. 336/7   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Misty Green at (813) 766-998 3  Name of Person  Area Code  Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Big |

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Marcen land   | Finance Stability Company | Ja Services y as it now appears on our record  | <u></u>                      |                      |
|---|---------------------------|--|------------------------------|----------------------|
| (   | A Florida Limited Li      | ability Company)                               | <u>.</u>                     |                      |
| The Articles of Organization for this Limited Liz<br>Florida document number 1240042                | ability Company v         | were filed or <u>09/27/</u>                    | 2024 and a                   | ssigned              |
| This amendment is submitted to amend the follo  | wing:                     |  |                              |                      |
| A. If amending name, enter the new name of  The new name must be distinguishable and contain the wo |                           |  | " or the abbreviation "      | L.L.C."              |
| Enter new principal offices address, if applica   |                           |  |                              | <del></del>          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B                  |                           | 7402 N 56 th<br>Ste 355-101<br>Tampa, Flor     | Street i                     | Building 30<br>Col 7 |
| B. If amending the registered agent and/or reagent and/or the new registered office address         | gistered office ac        | ldress on our records, <u>enter</u>            | the name of the n            | ew registered        |
| Name of New Registered Agent:  New Registered Office Address:                                       | N/A<br>00.00              | X / C L/ C   L   L   L   L   L   L   L   L   L | DEC -4 PH 4: 5               |                      |
|   | Jempl                     | CLEFFORCE, Flo                                 | orida <u>336</u><br>Zip Code | <del>* /</del> /     |

## 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 Title Name Type of Action Address Misty Greenland p.O. Box 1/0441 XAdd
Temple Terrance, Fl | Remove MGR 33687 \_\_\_\_\_\_\_ Change Durayne Greenland P.O. BOX16441 Temple Terrance, F/OREMOVE 3368) ☐ Change  $\square$ Add Remove ☐ Change Remove Change Remove ☐ Change

| . If amending any other information, enter change(s) here: (Attach addition  | nal sheets, if necessury.)   |
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| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | (optional) (optional) (re than 90 days after filing.) Pursuant to 605,0207 ( |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of ord is filed.   | n the earlier of: (b) The 90th day after the                                 |
| Dated 11/25/2024 . 2024.   |  |
| Signature of a member or authorized representative of  | of a member  |
| Misty Green of printed name of signee  |  |

Filing Fee: \$25.00