

MO900004248

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAHONEY FINANCIAL ORGANIZATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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M. SOLOMON
OCT 24 2024



October 24, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MAHONEY FINANCIAL ORGANIZATION, LLC
2455 EAST SUNRISE BOULEVARD, SUITE 300
FT LAUDERDALE, FL 33304

SUBJECT: MAHONEY FINANCIAL ORGANIZATION, LLC
REF: M09000004248

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name must match the certificate exact. Please put a space between M & A

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000355047
Letter Number: 924A00023514

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Mahoney Financial Organization, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M09000004248

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/25/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: M & A Executive Benefit Insurance Solutions, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

City Florida 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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE
STATE

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

/s/ Caitlin Lazarus

Signature of the authorized representative

Caitlin Lazarus, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MAHONEY FINANCIAL ORGANIZATION, LLC", CHANGING ITS NAME FROM "MAHONEY FINANCIAL ORGANIZATION, LLC" TO "M & A EXECUTIVE BENEFIT INSURANCE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2024, AT 4:32 O'CLOCK P.M.



4728643 8100
SR# 20244032960

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204710520
Date: 10-24-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:32 PM 10/23/2024
FILED 04:32 PM 10/23/2024
SR 20244027602 - File Number 4728643

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Mahoney Financial Organization, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:
M & A Executive Benefit Insurance Solutions, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 23rd day of October, A.D. 2024.

By: /s/ Caitlin Lazarus
Authorized Person(s)

Name: Caitlin Lazarus, Special Manager
Print or Type