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SECRETARY OF STATE
VALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations							
s cubiect.	Nationwide	Alliance Group LLC					
SUBJECT:	Name of Limited Liability Company						
	es of Amendment and fee(s) are su	·					
Please return all con	rrespondence concerning this matte	er to the following:					
		Jason Russo					
	-	Name of Person					
	Natio	Nationwide Alliance Group, LLC					
		Firm/Company					
	1903 Sou	1903 South Congress Avenue Suite 440					
		Address					
	Boy	nton Beach Florida 33426					
		City/State and Zip Code					
	E-mail address:	jru (to be used for future annual report notice)	fication)				
For further informat	tion concerning this matter, please	call:					
	Jason Russo	_{at (} 561 ₎	305-3455				
Name of Person		Area Code & Daytime Telephone Number					
Enclosed is a check	for the following amount:						
\$25.00 Filing Fe	\$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)				
Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natio	nwide Allia	nce Group Ll	_C			
(Name of the Limited I	<u>Liability Compa</u> Florida Limited l	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on07/28/2011 and assi Clorida document numberL11000087052						
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liab	oility company her	<u>'e</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	nny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		1903 South Congress Avenue				
(Principal office address MUST BE A STREET ADDRESS)		Suite 440	•			
		Boynton Bea	ch Florida 33426			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1903 South C	Congress Avenue	II SEP		
MANUEL STATE BEAL VOI OF THE BUAY			ch Florida 33426	SE OF THE		
B. If amending the registered agent and/or registered agent and/or the new registered office		fice address on o	•	, a ≥ m		
Name of New Registered Agent:	JM Asset Management, Inc					
New Registered Office Address:	New Registered Office Address: 1903 South Congress Avenue Suite 440					
	Enter Florida street address					
	Boynton Beach		, Florida	33426		
	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. Thereby 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>Address</u> **Title** <u>Name</u> Type of Action **MGRM Better Off LLC** 6412 N UNIVERSITY DR. SUITE 138 ✓ Add Remove " TAMARAC FL 33321 JM Asset Management Inc. MGRM 1903 SOUTH CONGRESS AVE 440 BOYNTON BEACH FL 33426 Remove MGRM Scott Grasso 3301 NE 1ST AVENUE MIDTOWN 4 PH3 **MIAMLEL 33065 US** Allen Trumbach MGRM 10919 NW 62 CT ∏ Add PARKLAND FL 33076 √ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 30 2011 Dated _____ Ignature of a member or authorized representative of a member Allen Trumbach Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00