

M04000005734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

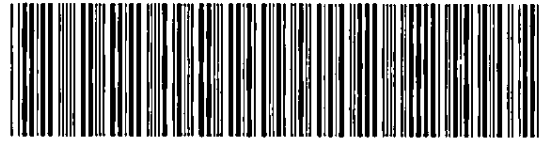
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 24 PM 3:32

CONVOLUTION CORPORATION
TALLAHASSEE, FLORIDA

FILED

2022 JUN 24 AM 10:23

TALLAHASSEE, FLORIDA

Handwritten signature and date: 6/24/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 533570 8361908
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : March 8, 2022
ORDER TIME : 2:56 PM
ORDER NO. : 533570-645
CUSTOMER NO: 8361908

FOREIGN FILINGS

NAME: WELLS FARGO FUNDS DISTRIBUTOR,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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)(e), 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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.

Rene S. Picazo

Signature of the authorized representative

Rene Picazo

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 "WELLS FARGO FUNDS DISTRIBUTOR, LLC", CHANGING ITS NAME FROM "WELLS FARGO FUNDS DISTRIBUTOR, LLC" TO "ALLSPRING FUNDS DISTRIBUTOR, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 9:35 O`CLOCK A.M.



3827116 8100
SR# 20222811832

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: 203753964
Date: 06-23-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:35 AM 11/01/2021
FILED 09:35 AM 11/01/2021
SR 20213662556 - File Number 3827116

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
WELLS FARGO FUNDS DISTRIBUTOR, LLC

The undersigned, being duly authorized to execute and file this Certificate of Amendment to Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST

1. Name. The name of the limited liability company is Wells Fargo Funds Distributor, LLC (the "Company").

SECOND

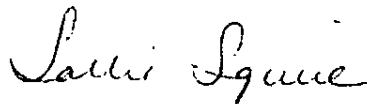
Paragraph 1 of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

1. The name of the limited liability company formed hereby is Allspring Funds Distributor, LLC.

* * * * *

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Amendment to Certificate of Formation as of the 1st day of November, 2021.

WELLS FARGO FUNDS DISTRIBUTOR, LLC



By: _____

Name: Sallie Squire

Title: Chief Operating Officer