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To:

Division of Corporations

Fax Number

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From:

Account Name : THE TAX COMPANY, LLC

Account Number : I2007000061 Phone : (954)725-0900

Fax Number : (954)678-4770

**LLGAMND/RESTATE/CORRECT OR M/MG RESIGN** 

## NATIONWIDE UNSECURED LLC

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EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co		•	
SUBJECT:		NATIONWID	E UNSECURED, LLC	
		(Name of Lin	ited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of	Amendment and fec(s) are sul	omitted for filing.	
Please re	etum all corresp	ondence concerning this matter	to the following:	
	•		MICHAEL D. YOUNG	
			(Name of Person)	<del></del>
		NATIO	ONWIDE UNSECURED, LLC	
			(Firm/Company)	
	461 E. HILLSBORO BLVD, SUITE 200 D			
(Address)				<del> </del>
	DEERFIELD BEACH, FL 33441			
(City/State and Zip Code)			<del></del>	
For furth	er information o	onceming this matter, please c	all:	
	SELOMITE	MEDEIROS	at ( 954 ) 725-0900	
	(Name	of Person)	(Area Code & Daytime T	clephone Number)
Enclosed	is a check for t	he following amount;		
<b>Z \$</b> 25.0	00 Filing Fee	□\$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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

(((H080001434913)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** NATIONWIDE UNSECURED, LLC

(A Florida Limit	ed Liability Company	)	ë
The Articles of Organization for this Limited Liability Comp Florida document numberL06000077733	oany were filed on	08/07/2006	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited.	liability company h	ere:	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Com	pany," the designation ".	LLC" or the abbreviation
Enter new principal offices address, if applicable:	481 E. HII	LSBORO BLVD. SUI	ΓE 200
(Principal office address MUST BE A STREET ADDRESS	DEERI	FIELD BEACH, FL 334	41
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address un	our records, enter	the name of the nev
registered agent and/or the new registered office address	nere;		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	dress)
	1.		
	(Citv)	, 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 und 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, 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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MGR = Manager

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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:

GIUII — IV	lanaging Member	·	
tle	<u>Name</u>	Address	Type of Action
GRM	JOE VASCONCELOS CO.	481 F. HILLSBORO BLVD. STE. 200 DEERFIELD REACH, FL 33441	Add Remove
			Add Remove
	·		Add Remove
		•	Add Remove
			Add Remove
			Add Remove
If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	<del></del>
			<del>-</del>
 ated	Mmc 03	208	<del></del>
		er or authorized representative of a member	
		IICHAEL D. YOUNG	
	Tyre	ad or printed name of signee	<del></del>

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