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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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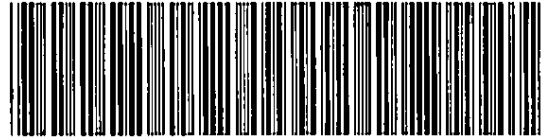
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fidelis Fiduciary Management, LLC

\_\_\_\_\_  
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:

William Michael Montgomery

\_\_\_\_\_  
Name of Person

Fidelis Fiduciary Management, LLC

\_\_\_\_\_  
Firm/Company

14502 N. Dale Mabry Highway, Suite 328

\_\_\_\_\_  
Address

Tampa, FL 33618

\_\_\_\_\_  
City/State and Zip Code

wmmontgomery@mc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Michael Montgomery

813

340-5757

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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  
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**

Fidelis Fiduciary Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 8, 2014 and assigned  
Florida document number L14000186829

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WMM Holdings, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

604 Waterwood Court

(Principal office address MUST BE A STREET ADDRESS)

Lutz, FL 33548

Enter new mailing address, if applicable:

604 Waterwood Court

(Mailing address MAY BE A POST OFFICE BOX)

Lutz, FL 33548

**B. If amending the registered agent and/or registered office 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:

William Michael Montgomery

New Registered Office Address:

604 Waterwood Court

*Enter Florida street address*

Lutz

*City*

Florida 33548

*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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Montgomery Retirement Plan Advi	14502 N. Dale Mabry Highway, Suite 328	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Michael Montgomery	604 Waterwood Court	<input checked="" type="checkbox"/> Add
		Lutz, FL 33548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Statement of new Registered Agent:

I hereby accept the appointment as registered agent of WMM Holdings, LLC, formerly named Fidelis Fiduciary Management, LLC. I am familiar with the obligations of this position and hereby accept the obligations of the position as registered agent of WMM Holdings, LLC.

*W. Michael Montgomery* July 1, 2020

**E. Effective date, if other than the date of filing:** July 1, 2020 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 1 2020

*W. Michael Montgomery*

Signature of a member or authorized representative of a member

W. Michael Montgomery

Typed or printed name of signee