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Division of Corporations

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: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758

Fax Number : (305)371-3178

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

Email Address:	mhasner@therrelbaisden.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEALTHTREE, LLC.

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12/14/20

SUBJECT:	Name of Limited Liability Company	
he enclosed Articles of	Amendment and fee(s) are submitted for filing.	
lease return all correspo	ondence concerning this matter to the following:	
	MARK M. HASNER	•
	Name of Person	
	THERREL BAISDEN, LLP	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	Firm/Company	
	1 S.E. 3RD AVENUE, SUITE 2950	
	Address	=======================================
	MIAMI, FL 33131	- ४ र् जू
	City/State and Zip Code	បា
	MHASNER@THERRELBAISDEN.COM E-mail address: (to be used for future annual report notification)	
For further information o	concerning this matter, please call:	
MARK M. HASNER	305 371-5758	
Name o	at () f Person Area Code Daytime Telephone Number	-
Snolosed is a check for t	he following amount:	
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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

From: 3053589656

TO ARTICLES OF ORGANIZATION OF

WEALTHTREE, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records,)
The Articles of Organization for this Limited Liability Company were filed on M	arch 5, 2019 and assigned
Florida document number L19000055526	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
ASG.NODACHI, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	13
	25
	-
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	===
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	records, <u>enter the name of the new reg</u> i
New Registered Office Address:	
Enter Flo	orida street address
***************************************	, Florida
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 provisions of all statutes relative to the proper and complete performance o	

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

To:	FAX SERVICE or removed fr	om our records:	From: 30535896	56	12-11-20 3:31	pm p. 4 of 5	
	MGR = Mar						
	Title	Name	Ad	dress		Type of Action	
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be pote; If the date inserted in this block does not meet the apportunent's effective date on the Department of State's reconstruction.	rior to date of filing or more than 90 days after filing.) Pursuant to 605.020' plicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted December 11 2020	
<u>, </u>	
· ·	

Typed or printed name of signee