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SECRETARY OF STATE
TALEASIASSEE, 13-E



COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	NATIONW	TDE SWAGGEAR LLC		
SUBJECT:	Name of Lim	ited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		THEODIS KENDRICK		
		Name of Person		
		Firm/Company		2021. SECS
	2	1221 NW 14th PLACE UNIT 3	2.3	PIL 2021 JUL 26 SECRETARY TALLAMA
		Address		6 PA
	M	HAMI GARDENS FL 33169		PH 2:
		City/State and Zip Code		2: 06 STATE
		WIDESPORTS65@YAHOO.COM		·-
		to be used for future annual report nout	(cation)	
	oncerning this matter, please ca	all:		
) KENDRICK	786 663-125		
Name o	f Person	Area Code Daytime	r Telephone Num	ber
Enclosed is a check for the	ie following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cenifi Centifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite	· 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATONWIDE SWA	GGEAR LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou Liability Company)	r <u>records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>MARC</u>	11 24 , 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NATIONWIDE ENTERPRISI	E LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202
		AH AH	N ====
Enter new mailing address, if applicable:		25.5	ত্য । ব্য
Mailing address MAY BE A POST OFFICE BON)		ren Tro	
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		—————— — —————————————————————————————	8
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et 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 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>	Name	Address	Type of Action
			TRemove
			□Change
			SECRETARY DELINER
			ZIZI JUL 26 PM 2: 06 SECRETARY OF STATE
			□Change
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