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(Re	questor's Name)	
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Office Use Only



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SECRETARY OF STATES

J DENNIS

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COVER LETTER

TO: Registration S Division of Co					
	e Financial Firm, LLC				
Name of Limited Liability Company					
	Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
	LEXIE RIVERS				
		Name of Person			
PRIME CORPORATE SERVICES					
		Firm/Company	<u> </u>		
	5250 S COMMERCE DR	STE 200			
		Address			
	MURRAY, UT 84107				
	ddmorri.ffl@gmail.com	City/State and Zip Code			
		to be used for future annual report notifi	cation)		
For further information (concerning this matter, please ca	all:			
LEXIE RIVERS		855 577-4639			
Name	of Person	at ()Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nationwide Financial Firm, 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 $\frac{7/6/2022}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ..____. Florida ____

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>	Type of Action
AMBR	William W Morris	7901 4TH STREET N SUITE 300	
		ST PETERSBURG, FL 33702	□ Remove
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D. If amending any	other information, enter ch	nange(s) here: <i>(Atto</i>	ach additional sheets,	if necessary.)	
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(If an effective date is I Note: If the date in	other than the date of filing listed, the date must be specific and nserted in this block does not m we date on the Department of St	cannot be prior to date oneet the applicable sta			
	fies a delayed effective d after the record is filed.	ate, but not an e	ffective time, at 12	:01 a.m. on the earl	lier of:
Dated August 1		2022			
	Signature of a fi	iam	presentative of a member		
Willian	n W Morris		, , , , , , , , , , , , , , , , , , , ,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00