

L23000 273450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

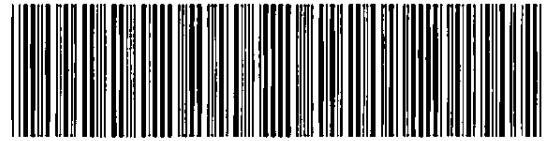
(Business Entity Name)

(Document Number)

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2024 JUL 23 11:14:01

SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUL 23 AM 3:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONWIDE FUND RECOVERY SERVICES 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:

MEIKE POSADA

Name of Person

NATIONWIDE FUND RECOVERY SERVICES LLC

Firm/Company

55 EVERGLADES BLVD N STE 110 #2016

Address

NAPLES, FL 34120

City/State and Zip Code

ADMIN@NFRSLLC.COM

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

For further information concerning this matter, please call:

MEIKE POSADA

321

472 - 3696

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

FILED
2024 JUL 23 AM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NATIONWIDE FUND RECOVERY SERVICES 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 MARCH 5, 2024

Florida document number L23000273450

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)

NATIONWIDE FUND RECOVERY SERVICES LLC

55 Everglades Blvd N STE 110 #2016

NAPLES, FL 34120

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NATIONWIDE FUND RECOVERY SERVICES LLC

55 Everglades Blvd N STE 110 #2016

NAPLES, FL 34120

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:

MEIKE POSADA

New Registered Office Address:

55 Everglades Blvd N STE 110 #2016

Enter Florida street address

NAPLES

City

Florida 34120

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>
MGR	ANDREW MILLWATER	15017 NORTH DALE MARRY HWY #1264	<input type="checkbox"/> Add
		TAMPA, FL 33618 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEIKE POSADA	55 EVERGLADES BLVD N STE 110 #2016	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 JUL 23 AM 3:05
SECRETARY OF STATE
TALLAHASSEE FL

Filing Fee: \$25.00