## P02 000 060 906

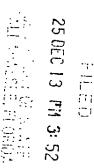
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NATIONWIDE INVESTMENTS LIMITED, INC.					
DOCUMENT NUM	DOCUMENT NUMBER: P02000060906				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ROY MILDNER				
		Name of Contact Pers	on		
	MILDNER & ASSOCIATES, P.A.				
		Firm/ Company			
	423 DELAWARE AVENUE				
	Address				
	FT. PIERCE, FL 34950				
		City/ State and Zip Co	ode		
	RMILDNER@FLORIDALE	GAL.COM			
	E-mail address: (to be us	ed for future annual repo	rt notification)		
For further informatio	n concerning this matter, pleas	se call:			
ROY MILDNER		at (	464-8008		
Name of Contact Person Area Cod			Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ame Divis The 2415	et Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

NATIONWIDE INVESTMENTS LIMIT	ΓED, INC.		
( <u>Name</u>	of Corporation as curren	itly filed with the Florid	la Dept. of State)
P02000060906			
	(Document Number	of Corporation (if know	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corpord	tion adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			77
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp." "Inc." or "Co".	A professional corpore	Thenew rated" or the abbreviation "Corp" ution_name_must_contain_the_word
B. Enter new principal office address,	if annlicable:	N/A	∴ <b>2</b>
(Principal office address MUST BE A S			
			<u> </u>
			7 O
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
			<u> </u>
			<u> </u>
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter t	the name of the
new registered agent and/or the ne			me minic or the
Name of New Registered Agent	N/A		
stane ty new negistered agent		<del></del>	
	N/A	street address)	
New Registered Office Address:			Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	<u>nt:</u>	
I hereby accept the appointment as regist	ered agent. I am familiai	r with and accept the obli	igations of the position.
A I	In		
<u>N</u>	Signature of Vene	Registered Agent, if char	acino
	· — Signature of New	педіменей лует, іј спа	gorg
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO - Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PRES	_	MING WANG	1801 WEST END AVENUE
X Add		_		SUITE 1150
Remove				NASHVILLE, TN 37203
2) Change				
Add		_		
Remove 3) Change		<del></del>	<del> </del>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

(Attach <i>a</i>	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec	rific)		
N/A				
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F. Ifanam	nendment provides for an exchange, rec	lassification, or cancel	ation of issued shares.	
provisio	ons for implementing the amendment if	not contained in the a	mendment itself:	
0 <i>) 1</i> N/A	not applicable, indicate N/A)			
INIA				
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The date of each amendment(s) date this document was signed	adoption: N/A	if other than the
Effective date   [ applicable:	NIA	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiren Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
must be separately provided f	pproved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendate of the amendate of the amendment(s) was/were sufficient for approval	
Dated	(voting group)  BER 9, 2024	
(By a selec	director/president or other officer – if directors or officers ha ted, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)  MING WANG  (Typed or printed name of person signing)	
	POA FOR SECRETARY JUNE O. RUDOLPH (Title of person signing)	