

L11000000306

7/25/2019

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : TRIPP SCOTT, P.A.
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LLC AMND
ORDERED WAVE, LLC*

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

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ORDERED WAVE, LLC

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STATE OF FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
AUG 27 2019

H19000223361

ARTICLES OF AMENDMENT
to
ARTICLES OF ORGANIZATION
of
ORDERED WAVE LLC
(a Florida limited liability company)

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19 AUG 26 PM 11:40
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 3, 2011 and assigned Florida document number L11000000306.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OW ENTERPRISES, LLC

Enter new principal office address, if applicable: _____

Enter new mailing address, if applicable: _____

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: _____, Florida _____

New Registered Agent's Signature

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.

Signature of New Registered Agent

C. If amending the Managers or Authorized Member on our records, enter the title, name and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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<u>Title:</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here:

NA

E. Effective date, if other than the date of filing: _____ (optional)

Dated: July 25, 2019

Marianna Seiler

Signature of member or authorized representative of a member

Marianna Seiler, Authorized Person

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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