## 114000005411

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Orty/Otate/Zip/i Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
· —			
Special Instructions to Filing Officer:			

Office Use Only



800265718538

10/24/14--01014--010 \*\*25.00

TANK AHASSEE FLORING

7. Suprate OCI 5 8 50H

## **COVER LETTER**

TO: Registration Sec Division of Corp		2	
SUBJECT: AlexasMa	kinWaves, LLC		
SUBJECT:	•	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Teemi Caskey		
		Name of Person	<del></del>
	c/o Tee Haithcock		
		Firm/Company	
	780 Captains Drive		
		Address	<del></del>
	St. Augustine, FL 320	80	
		City/State and Zip Code	<del></del>
•	teemidale@gmail.com	e used for future annual report notification	<u> </u>
For further information con	ncerning this matter, please call:	·	, , , , , , , , , , , , , , , , , , ,
Teemi Caskey		706 577-4405	
Name of I	Person	706 577-4405at () Area Code Daytime Tele	ephone 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and end with the	e words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	780 Captains Drive St. Augustine, FL 32080	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the n
	780 Captain	as Drive	H 2 2
New Registered Office Address:	100 Oaptair	Enter Florida street address	SS + 1
	St. Augustin	ie, Flori	da 32080 =
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Gode
I hereby accept the appointment as register provisions of all statutes relative to the pro		• • •	• • • •

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

	, enter change(s) nere: (Auach a	······································
· Please remov	e the Company (	Corporation" of
Wilmington, I	enter change(s) here: (Auach a -e "The Company ( ) E as the register with Teemi Cas	ed agent and
replace them	with Teemi Cas	key as shown
on prior page	, u	0
E. Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and ca	(optional) annot be more than 90 days after
(The effective date must be specific, cannot be the date this document is filed by the Florida  October 21st	prior to date of receipt or filed date and ca	(optional) annot be more than 90 days after
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated  October 21st	prior to date of receipt or filed date and ca Department of State)	annot be more than 90 days after
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated October 21st  Sign	prior to date of receipt or filed date and can be	annot be more than 90 days after
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated October 21st  Sign	prior to date of receipt or filed date and can be	annot be more than 90 days after
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated October 21st  Sign	prior to date of receipt or filed date and ca Department of State)	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SEEKEDARY OF STATE