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### **COVER LETTER**

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PUD IPZYP		VE MORTGAGE,LLC						
SUBJECT	;	Name of Lin	nited Liability Company	<del></del>				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retur	n all correspo	ondence concerning this matter	to the following:					
		Eduardo I Oropeza						
			Name of Person		-			
		BLUE WAVE MORTGA	GE,LLC		2025 HAY			
			Firm/Company		HAY			
		2331 Leaf Court			<u> </u>			
			Address					
	Sanford, FL, 32771							
		·	City/State and Zip Code		· ·			
		edisurf@aol.com						
For further	information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	ntification)				
		oncerning this matter, piease c						
Eduardo O:	-		954 446-5492 at ()					
	Name o	f Person	Area Code Dayti	me Telephone Number	;			
Enclosed is	a check for th	ne following amount:						
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &			
Mailing Address: Registration Section			Street Address: Registration S	ection				
Division of Corporations			Division of Corporations					
	O. Box 632 allahassee, I		The Centre of	Tallahassee oe Street, Suite 8	10			
1.0	or succe suite o	LO						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BLUE WAVE MORTGAGE,LLC

The Articles of Organization for this Limited Liability Company were filed on O8/14/2023 and Assigned Florida document number L23000381622

This amendment is submitted to amend the following:

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

BLUE WAVE MORTGAGE GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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:

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

NA

NΑ

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00