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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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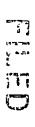




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SECTIONS OF STATE
TALLAHASSEE, FL



COVER LETTER

	egistration Solivision of Col				
SUBJECT		BLUEWAVE RESTORATION	NLLC		
, cont.e i	· •	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		Andrew Pierce			
			Name of Person		
	Cindy's Florida LLC				
	Firm/Company				
		8051 N. Tamiami Trail STE E6			
	Address				
	Sarasota, Florida, 34243				
		reports@cloudpeaklaw.c	City/State and Zip Code		
			to be used for future annual report notification)		
For further	information c	concerning this matter, please c	all:		
Andrew F	Pierce		307 683-0983		
	Name c	of Person	Area Code Daytime Telephone Number		
Enclosed is	s a check for t	he following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status & Copy copy is enclosed)	
R D P	lailing Address legistration b Division of C O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	SECTION 18 WHILL TO LEASE TO THE SECTION IS WHILL THE	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA BLUEWAVE RESTORATION LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) _ and assigned Florida document number L24000467828 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 "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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 is company has been notified in writing of this change.

. 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>	Address	Type of Action
AR	Andrew Pierce	8051 N. Tamiami Trail STE E6	□Add
			■ Remove
		Sarasota, Florida, 34243	□Change
AMBR	SIM Holdings LLC	1309 Coffeen Avenue STE 1200	= Add
			□ Remove
		Sheridan, Wyoming 82801	□Change
 -			□ Add
			□Remove
			□Change
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			Change

						
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Effective date, if other than fan effective date is listed, the date	the date of filing:	:	data of filing or mo	(opt	ional)	nn to 605 07
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record specifies a delayed effe	etive date, but not a	m effective time	, at 12:01 a.m. o	on the earlier of: (b) The 90th	daySafter th
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