Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000202292 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone Fax Number

: (561)694-8107 ; (561)694-1639

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NEW WAVES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 2 8 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW WA	AVES, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record lability Company)	9,)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L0400088850</u>	were filed on 12/08/2004	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LL	,C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9122 MIDNIGHT PASS RD #34			
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA FL 34	242		
Enter new mailing address, if applicable: (Mailine address MAX BE A POST OFFICE BOX)	9122 MIDNIGHT F SARASOTA FL 34			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		is, <u>enter the name of the</u>		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street address			
	City F1	Zio Code		
	•	- +		

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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Resistered Agent

Page 1 of 3

14 AUG 27 AH 7: 51
SECREPANT OF STATE
FALLAHASSEE FLORIDA

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

Title	Name	Address	Type of Action
MGR	DANA KESSOUS	1034 OAK PRESERVE LAN	E_D Add
		OSPREY, FL 34229	Remove
			Remove
			C Remove
A			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			C Remove
			D Add
			□ Remove
			ALLAH ALLAH
			一 エ !! の

lf an	ending any other information	, enter change(s) here: /	Attach additional sheets,	if necessary.)
				<u> </u>
(The el	ctive date, if other than the dat Mocsive date must be specific, commot be see this document is filed by the Florida	prior to date of receipt or filed	date and cannot be more than	(optional) 90 days after
Date	July 9th	2014	. / 1	
			1/-	
	Sign	nature of a member of arthoriza	ed representative of a member	
	E	aniel Kessous		

Page 3 of 3

Filing Fee: \$25.00

