

LD800011244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

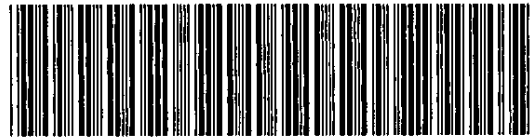
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wavetech Systems, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob J. Samandar

Name of Person

Firm/Company

2665 South Bayshore Dr., M 103-7

Address

Coconut Grove, FL 33133

City/State and Zip Code

jacob@wavetechs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Samandar

Name of Person

at (305)

222-7890

Area Code & Daytime Telephone 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**

Wavetech Systems, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 4, 2008 and assigned
Florida document number L08000111244.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2665 S. Bayshore Dr., M 103-7

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2665 S. Bayshore Dr., M 103-7

Coconut Grove, FL 33133

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:

2665 S. Bayshore Dr., M 103-7

Enter Florida street address

Coconut Grove, Florida

City

FILED
12 JUL 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code 33133
08

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 608, 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 Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

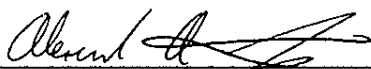
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexander A. Lindsay	2665 S. Bayshore Dr. Coconut Grove, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jacob J. Samandar	2665 S. Bayshore Dr. Coconut Grove, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alexander A. Lindsay	2665 S. Bayshore Dr., M 103-7 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jacob J. Samandar	2665 S. Bayshore Dr., M 103-7 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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: (Attach additional sheets, if necessary.)

Dated July 18, 2012.



Signature of a member or authorized representative of a member

Alexander A. Lindsay

Typed or printed name of signee