(Requestor's Name)	
(Address)	900324
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/15/1901
(Document Number)	02,13,13 01
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

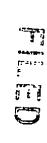
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R. WHITE FEB 2 0 2019



COVER LETTER

	Registration Sc Division of Cor			
SUBJEC		Intertainment, LLC		
SOBILC	'' 	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subt		
Please ret	turn all correspo	ndence concerning this matter t	to the following:	
		Marion J Ogline		
			Name of Person	
		WaveSide Entertainment, I	J.C	
			Firm/Company	
4518 Lady Hawk Way				
			Address	
Melbourne, Florida 32904				
			City/State and Zip Code	
		jeannie@wavesideentertainr		
		h-mail address: (t	o be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	ill:	
Marion J	Ogline		321 5780875	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 FILED OF

2019 FEB 15 PM 4: 10

WaveSide Entertainment, LLC		<	or man and a second
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears of Liability Company)	nour records) See F. F.
The Articles of Organization for this Limited L Florida document number <u>L10000030641</u>	iability Company	were filed on 03/19	/2010 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	oility company here	:
The new name most be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4518 Lady Hawk Way	
		Melbourne, Florida 32904	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 120512 Melbourne, Florida 32912	
B. If amending the registered agent and registered agent and/or the new registered o			ur records, enter the name of the
Name of New Registered Agent:	Name of New Registered Agent: Marion J Ogline		
New Registered Office Address:	4518 Lady Hav		
		Enter Florida	street address
	Melbourne		Florida 32904
		City	Zip 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Marion J Ogline	4518 Lady Hawk Way	■ Add
		Melbourne, Florida 32904	□ Remove
AMBR	Barry L Ogline	4518 Lady Hawk Way	■ Add
		Melbourne, Florida 32904	5 0
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Marion J Ogline

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00