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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

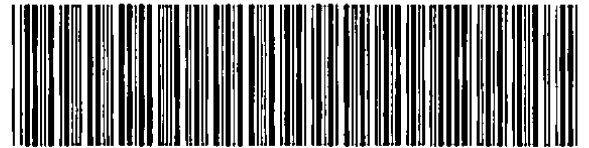
(Business Entity Name)

(Document Number)

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R. WHITE
FEB 20 2019

FILED
2019 FEB 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WaveSide Entertainment, 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:

Marion J Ogline

Name of Person

WaveSide Entertainment, LLC

Firm/Company

4518 Lady Hawk Way

Address

Melbourne, Florida 32904

City/State and Zip Code

jeannie@wavesideentertainment.com

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

For further information concerning this matter, please call:

Marion J Ogline

321

5780875

at (_____) _____

Name of Person

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

2019 FEB 15 PM 4:10

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

on our records.) FL STATE
RECORDS SEE FL

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marion J Ogline	4518 Lady Hawk Way	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Barry L. Ogline	4518 Lady Hawk Way	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee