Division of Corporations Electronic Filing Cover Sheet

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(((H130001614713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070

Phone : (305)541-3980 Fax Number : (305)541-7033

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

SUMMERWAVE HOLDINGS LLC

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

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H13000161471 3 COVER LETTER

TO:

Registration Section
Division of Corporations

SUMMERWAVE HOLDINGS 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

*,,,*305,541**-3**980

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

H13000161471 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		; <u>"</u> W
SUMMERWAVE HOLDINGS LLC		E ".,
	Company as it now appears on our recommend the company)	rds.)
	02/46/2042	To fig.
The Articles of Organization for this Limited Liability Co	ompany were filed on UZ/15/2012	and assigned
Florida document number L12000022982	:	The second of th
	,	필요 🗲
This amendment is submitted to amend the following:		#*
A. If amending name, enter the new name of the limit	ted liability company herc:	
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRI</u>	ESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, ess here:	enter the name of the new
	,	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	Çity	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 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

Page 1 of 3

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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

Title MGRM	Name TRIANA IBANEZ, MYRIAM	Address 1549 NE 123RD ST NORTH MIAMI, FL 3316	Type of Action Add Remove
MGRM	MEJIA, JORGE E.	BOCA RATON, FL 3343	Add
			Add
			Add Remove
			Add Remove

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). If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if neces	sary.)
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ated JULY 18TH		
	Myriam Priana	
MYRIAM TRIA	mature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00