## L12000063594

| (Red                                    | uestor's Name)  | ·           |  |
|---|-----------------|-------------|--|
| (Add                                    | ress)           |             |  |
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| (City                                   | /State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |
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13 JAN 17 AM IO: 52

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DIVISION OF CORPORATION OF AM IO: 07

JAN 1 8 2013 T. HAMPTON



ACCOUNT NO. : 12000000195

REFERENCE AUTHORIZATION (

COST LIMIT : \$ 25.00

ORDER DATE: January 2, 2013

ORDER TIME : 9:54 AM

ORDER NO. : 482627-011

CUSTOMER NO: 7565215

## DOMESTIC AMENDMENT FILING

NAME: MARKETWAVE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER'S INITIALS:

FILED SEGRETARY OF SWITE BIVIDION OF COMPORATIONS

13 JAN 17 AM 10: 07

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARK<br>( <u>Name of the Limited Liabilit</u><br>(A Florida                                    | ETWAVE, LLC  y Company as it now appears on ou Limited Liability Company) | r recurds.)                           |
|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liability (Florida document number 1.12000063594 | Company were filed on 05/10/201   | 2 and assigned                        |
| This amendment is submitted to amend the following:  |   |                                       |
| A. If amending name, enter the new name of the fin   | nited liability company here:   |                                       |
| The new name must be distinguishable and end with the we                                       | onis "Limited Liability Company," the                                     | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   |                                       |
| (Principal office address MUST RE A STREET ADD.  |   |                                       |
| Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)           |   |                                       |
| U. If amending the registered agent and/or regis   |   |                                       |
| registered agent and/or the new registered office add  | aress nere:   |                                       |
| Name of New Registered Agent:  |   | * A                                   |
| New Registered Office Address:   | ,   | rida street oddress)                  |
|  | (Civ)   | , Florida                             |
|  | (City)  | 17, tp 3, 10(e)                       |

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 abligations 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 affice address, I hereby confirm that the limited liability campany has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Recistered 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 Title Name Address Type of Action 200 BISCAYNE BLVD WAY MGRM MICHAEL FORCE SUITE 4901 3 Remove MIAMI, EL 33131.... I Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member ANDREW CASS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25,00