# L12000068250

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | usiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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DIVIDENT STATES OF STATES

JAN 1 1 2013

T. HAMPTON

# **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |  |   |
|--|---|--|---|
| SUBJECT:                                 | amwave Manage<br>Name of Limike             | ment Group   |   |
|  | Name of Emple                               | ed Elability Company   |   |
| The enclosed Articles of A               | mendment and fee(s) are subm                | nitted for filing.   |   |
| Please return all correspon              | dence concerning this matter t              | to the following:  |   |
| ,  | Tilfanie                                    | AMERCON<br>Name of Person  | <del></del>   |
|  | DreamV                                      | Vave Management E<br>Firm/Company  | inoup   |
|  | 3325 Holly                                  | wood Blvd Surte SC   | 01  |
|  | Hollywoo                                    | d FL 33023<br>City/State and Zip Code  | ·   |
|  | in to @ (E-mail address: (to                | City/State and Zip Code  YEAM WAVE EM. COM be used for future annual report notificati | on)   |
| For further information co               | ncerning this matter, please ca             | di:  |   |
| Janardan<br>Name of                      | Chargi<br>Person                            | at ( <u>954) 684-303</u><br>Area Code & Daytime Te                                     | O<br>lephone Number   |
| Enclosed is a check for the              | e 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



RECEIVED

13 JAN 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 2, 2013

TIFFANIE ANDERSON 3325 HOLLYWOOD BLVD STE 501 HOLLYWOOD, FL 33021

SUBJECT: DREAMWAVE MANAGEMENT GROUP LLC

Ref. Number: L12000068250

We have received your document for DREAMWAVE MANAGEMENT GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A0000030

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u>   | as it now appears on our records.)  |
|--|---|
| (A Florida Limited Lial  | rhula   |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L1200068250</u> .               | ere filed on $0/21/20/20$ and assigned  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability   | ty company here:  |
| The new name must be distinguishable and end with the words "Limited "L.L.C."  | l Liability Company," the designation "LLC" or the bbreviation                                |
| Enter new principal offices address, if applicable:  | 3325 Hollywood Blvd.  |
| (Principal office address MUST BE A STREET ADDRESS)  | Suite 501 J<br>Hollywood, Fl 33021  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 3325 Hollywood Blvd<br>Suite SOP<br>Hollywood, FL 33021                                       |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, enter the name of the new   |
| Name of New Registered Agent:  New Registered Office Address:  Holly   | Hollywood Blvd. Stute 50<br>Enter Florida street address  NOOD , Florida 33021  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 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 amenting 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     |
|----------|--------------------|--|--------------------|
| P        | Janardan / Khargi  | 12185 NW 35th Place                    | Add                |
|          |                    | Sunrise, FL 33323                      | Remove             |
| <u> </u> | Dodrey B. Levy     | 14560 SW 38th St.                      | Add                |
|          |                    | Miramar, FL 33027                      | Remove             |
| Max      | Tiffanie Anderson  | 3325 Hollywood Blvd.<br>Suite 501      | —<br>_ □Add Change |
|          |                    |  |                    |
| Mar      | Terrence Robertson | Hollywood, FL 33021<br>1525 SE 15th St |                    |
| J        |                    | #2                                     | Remove             |
|          |                    | Foet LauderdalP, FL 33316              | _                  |
|          |                    |  | _ Add              |
|          |                    |  | Remove             |
|          |                    |  | - PH 2: 32         |
|          |                    |  | Remove             |

| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
|         |   |
|         |   |
|         |   |
|         |   |
| ated    | January 7 2013.   |
|         | Signature of a member or authorized representative of a member                                |
|         | / Janardan Kharai   |
|         | Typed or printed name of signee  Page 3 of 3  |
|         | Filing Fee: \$25.00   |

13 IAN IO PH 2: 32