

L13000131935 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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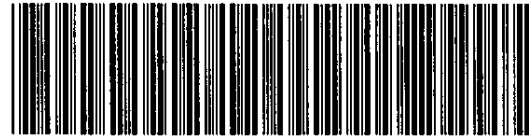
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

B. BOSTICK

NOV 13 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rogue Wave South, 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:

William B Weidman

Name of Person

Rogue Wave South, LLC

Firm/Company

1053 NW 31st Ave

Address

Pompano Beach, FL 33069

City/State and Zip Code

sunbiz@somapoint.com

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

For further information concerning this matter, please call:

William B Weidman

Name of Person

at (786) 522-0440

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

2013 NOV 12 PM 4:35
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rogue Wave South, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/18/2013 and assigned Florida document number L13000131935.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1053 NW 31st Ave.

Pompano Beach, FL, 33069

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1053 NW 31st Ave

Pompano Beach, FL 33069

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here

Name of New Registered Agent: William B. Weidman

New Registered Office Address: 1053 NW 31st Ave

Enter Florida street address

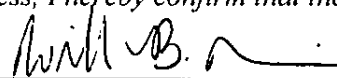
Pompano Beach, FL, Florida 33069

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 Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rogue Wave, LLC	PO Box 760	☒ Add
		Damariscotta, ME 04543	☐ Remove
MGR	William B Weidman	William B Weidman	☐ Add
		4731 NE 22nd Ave	☒ Remove
		Lighthouse Point, FL 33064	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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CLERK
ALABAMA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Nov 7, 2013, _____.



Signature of a member or authorized representative of a member

WILLIAM B WEIDMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF
TALLAHASSEE, FLORIDA