

L1700048561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

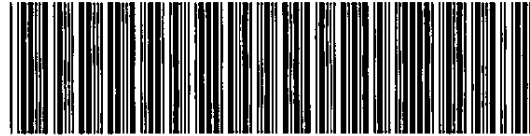
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL INFORMATION
FALLAHSSTC LONDON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2016

YOSSEF KALFA
1964 TYLER ST
HOLLYWOOD, FL 33020

SUBJECT: AMERICAN WAVE LLC
Ref. Number: L13000148561

We have received your document for AMERICAN WAVE 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 516A00014088

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMERICAN WAVE LLC

DOCUMENT NUMBER: L13000148561

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOSSEF KALFA

Name of Contact Person

YK Managment Services Inc

Firm/ Company

1964 Tyler St

Address

Hollywood FL 33020

City/ State and Zip Code

ykaccounting@yahoo.com

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

For further information concerning this matter, please call:

Yossef Kalfa

Name of Contact Person

at (954)

483-1453

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

AMERICAN WAVE 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 10/22/2013 and assigned
Florida document number L13000148561.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1637 WASHINGTON AVE MAIMI BEACH FL 33139

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1637 WASHINGTON AVE MIAMI BEACH FL 33139

(Mailing address MAY BE A POST OFFICE BOX)

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:

NURITH SPOLANSKY

New Registered Office Address:

1637 WASHINGTON AVE MIAMI BEACH FL 33139

Enter Florida street address

MIAMI BEACH


Florida

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 605, 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 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>
MGRM	RAPAPORTE PABLO	951 NE 167TH STREET 204	<input type="checkbox"/> Add
		N MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Remove
		951 NE 167TH ST 204	<input type="checkbox"/> Change
MGRM	COHEN ROY	N MIAMI BEACH FL33162	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NURITH SPOLANSKY	1637 WHASHINGTON AVE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 JUL 18 AM 7:52
SECRETARY OF THE
TALLAHASSEE COMIDA

16 JUL 18 AM 7:52
SECURITY DIV
MEMPHIS
COMM-FBI

(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.

Dated 7/18/16

Signature of a member or authorized representative of a member

Typed or printed name of signee