L15000026360

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2018/13:25 FILE OF

Amend

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COVER LETTER

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	ange of Ow			WAVECPEST	HULDINGS LLC
SUBJECT:			nited Liability Company		
The enclosed Art	ticles of An	nendment and fee(s) are sub	unitted for filing.		
Please return all c	corresponde	ence concerning this matter	to the following:		
		Michael Wetherell & Will	iam Jacobson		
			Name of Person		
		WaveCrest Holdings, LLC			
			Firm/Company		
		4474 S. Florida Ave.			
			Address		
		Inverness, FL 34450			
			City/State and Zip Code	·	
	_	office@wavecrestmasonry.			
		E-mail address: (to be used for future annual re	eport notification)	
For further inform	nation conc	erning this matter, please ca	all:		
Rhonda Johnson				-0560	
	Name of Po	erson	at () Area Code	Daytime Telephon	e Number
Enclosed is a che	ok for the f	ollowing amount:			
■ \$25.00 Filing	į Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/0/16/2/25 PH 1:09

WaveCrest Holdings, 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 $\frac{2/11/2015}{1}$ and assigned Florida document number L15000026360 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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>	Type of Action
MGRM	Mark A Wetherell	4474 S. Florida Ave, Inverness, FL 34450	
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Add
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		Chang	Change
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		OI	Remove
			□ Change
			Add
			Remove
			Change

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ffective date, if other than the can effective date is listed, the date must otte: If the date inserted in this bloodeument's effective date on the Dep	ck does not meet the	applicable statuto	ng or more than 90 day ry filling requirement	(optional) s after filing.) Pursuant to 6 s, this date will not be h	605 0207 (isted as t
e record specifies a delayed The 90th day after the reco		ut not an effe	ctive time, at 12	.01 a.m. on the ear	rlier of:
ated March 19	2019				
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Typed or printed name of signee

Filing Fee: \$25.00