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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Little Tin 1	len, LLC		
SUBJI	ЕСТ:	Name of Lim	ited Liability Company	<u> </u>
		Amendment and fee(s) are sub	_	
1 icasc	rettan an correspo	Megan Gonzalez	to the following.	
			Name of Person	<del></del>
		Little Tin Hen, LLC		
			Firm/Company	
		194 Crown Colony Rd.		
		<del></del>	Address	
		St. Augustine, FL 32092		
		megangonzalez23@aol.con	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information o	oncerning this matter, please ca	all:	
Megar	i Gonzalez			
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ <b>\$</b> 2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Tin Hen, LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number L150000155001	ability Company were filed on 9/10/2015 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
Upon Waves, LLC	AS SECOND
The new name must be distinguishable and contain the w Enter new principal offices address, if applications of the contains of the contains the way of the contains the contai	$\mathbf{a}$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	80X)
registered agent and/or the new registered of	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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		June 9, 2018				
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ne record specifies a c The 90th day after t			an effective ti	me, at 12:01 a	.m. on the earl	lier of:
June 9 Dated		2018				
		011-	Ch.			
	Signature	of a member of author	ized representative of	of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00