



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000049665 3)))



H160000496653ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : I20100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

16 FEB 26 PM 2:07

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2016 FEB 26 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YOU SOCIAL THINK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FEB 29 2016

S. YOUNG

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

H16000049665 3

YOU SOCIAL THINK, 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 09/30/2015 and assigned  
Florida document number L1500016679.

This amendment is submitted to amend the following:

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

WAVEMAX COMMUNICATIONS, LLC

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:

1014 South 22nd Court

(Principal office address MUST BE A STREET ADDRESS)

Hollywood, FL 33020

Enter new mailing address, if applicable:

1014 South 22nd Court

(Mailing address MAY BE A POST OFFICE BOX)

Hollywood, FL 33020

**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*

\_\_\_\_\_, 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

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YOU SOCIAL THINK, 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:

Pablo C. Mariazza

Name of Person

YOU SOCIAL THINK, LLC

Firm/Company

1014 South 2nd Court

Address

Hollywood, FL 33020

City/State and Zip Code

pablo@wavenaxgroup.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Pablo C. Mariazza

at ( 305 ) 680-4513

Name of Person

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H16000049665.3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

02/25/2016

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated February 25 2016

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Pablo C. Mariazza

\_\_\_\_\_  
Typed or printed name of signee