L16000065624

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
Wave Ma	x Franchise LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Michael J Roberts		
	The second secon	Name of Person	mann in talk-melyahirinkanan ina mandelemena
		Firm/Company	
	1371 Eagle Crossing Dr.		
		Address	
	Orange Park, FL 32065		
	miker@wavemaxtaundry.c	City/State and Zip Code	
	•	to be used for future annual report notif	Tication)
For further information of	concerning this matter, please c	all:	
Michael J Roberts		336 210-1443	
Name o	of Person	at () Area Code Daytimu	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	20\$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

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

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIS OCT	ELLED
TALLAHASSE	PM 3: 42 YOF STATE FLORIOR

Wave Max Franchise LLC

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

The Articles of Organization for this Limited Liability Com-	npany were filed on 4/1/2	016	_ and assigned
Florida document number	L1600006562	4	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
WaveMAX Franchise LLC Wave MA The new name court be distinguishable and contain the words "Limited	X Franchise	LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	mation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ur records, <u>enter th</u>	e name of the nev
Name_of_New_Registered Agent:			
New Registered Office Address:			
	Diter Florida	strees address	
	Ciry	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	tgent;		

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

MGR =	Manager Authorized Member Name	Address SECRETARY OF STATE TALLAHASSEE, FLORIO	Type of Action
		TALLAHASSEE FLORIS	
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tive date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.020
if the date inserted in this block does not meet the applicable stat ment's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed to
·	
ecord specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m. on the earlier $oldsymbol{ iny e}$
October 26	
11:11/1/17	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00