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((Requestor's Name)
	(Address)
	(Address)
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	(Business Entity Name)
_	(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		·			
SUBJE	OLAWAV	E, LLC				
., 0 ., .		Name of Lim	nted Liability Company	.		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please t	return all correspo	ondence concerning this matter	to the following:			
		EDUARDO MENDOZA				
			Name of Person			
		THE ACCOUNTANT CLUB				
			Firm/Company			
		12700 SW 96 STREET				
			Address			
		MIAMI, FL 33186				
		THEACCN@AOL.COM	City/State and Zip Code			
17	Landa Camara Cara		to be used for future annual report notif	fication		
		oncorning this matter, please or				
Name of Person		305 389-0646at ()				
Enclose	ed is a check for th	ne following amount:				
Ճ \$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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears ted Liability Company)	on our records,		
iny were filed on05	/26/2017	and ass	igned
iability company her	<u>e</u> :		
iability Company," the de-	signation "LLC" or the abt	nceviation "L.	L.C."
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City	Florida	Zip Code	
	iability company her iability Company." the designability Company. "the designability Company." the designability Company. The designability Company. The designability Company. The designability Com	office address on our records, enternere: Enter Florida street address	iability company here: iability Company," the designation "LLC" or the abbreviation "L. Some Portion of the designation and assume the solution of the soluti

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> NIDAL BARAKE	<u>Address</u> 400 N.W. 26TH ST	Type of Action
AMBR_		MIAMI, FL 33127	= Add
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			Add
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e record spe The 90th d	ecifies a delaga ay after the i	yed effective record is file	e date, but ed.	not an effe	ctive time,	at 12:01 a.r	n. on the e	arlier ol
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Page 3 of 3

Filing Fee: \$25.00