## 117000126890

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration S Division of Co |   |   |   |          |               |
|-----------------------------------|---|---|---|----------|---------------|
| SUBJECT: Stage 1 V                | entures Accelerator Fund LLC                    |   |   |          |               |
| SOURCE.                           | Name of Lin                                     | ited Liability Company  | <del></del>   |          |               |
|                                   | f Amendment and fee(s) are sub                  | -   |   |          |               |
| Please return all corresp         | ondence concerning this matter                  | to the following:   |   |          |               |
|                                   | Jonathan Gordon                                 |   |   |          |               |
|                                   |   | Name of Person  |   |          |               |
|                                   | Stage 1 Wave Fund LLC                           |   |   |          |               |
|                                   |   | Firm/Company  |   |          |               |
|                                   | 4201 Bayshore Blvd, Unit                        | 1603  |   | အ        |               |
|                                   |   | Address   |   | ¥0.      |               |
|                                   | Tampa, FL 33611                                 |   |   | 25       | . 0<br>       |
|                                   | jonathang100@gmail.com                          | City/State and Zip Code   |   | S :01 Kg | - 198<br>- 34 |
|                                   | E-mail address: (                               | to be used for future annual report notifi                                | cation)   | 5,5      |               |
| For further information           | concerning this matter, please c                | all:  |   |          | 25.           |
| Jonathan Gordon                   |   | 617 794-8926  |   |          |               |
| Name                              | of Person                                       |   | Telephone Number  |          |               |
| Enclosed is a check for t         | he following amount:                            |   |   |          |               |
| ■ \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Statu<br>Certified Copy<br>(additional copy is encl |          |               |
| X 4 11                            | INC ADDRESS.                                    | CTREET/COURSE   | The contract  |          |               |

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



November 7, 2018

JONATHAN GORDON STAGE 1 WAVE F UND LLC 4201 BAYSHORE BLVD., UNIT 1603 TAMPA, FL 33611

SUBJECT: STAGE 1 VENTURES ACCELERATOR FUND LLC

Ref. Number: L17000126890

We have received your document for STAGE 1 VENTURES ACCELERATOR FUND LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 218A00023013

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stage 1 Ventures Accelerator Fund LLC

| (Name of the Limited Liability Company as it | t now appears on our records.) |
|--|--------------------------------|
| (A Florida Limited Liability                 | y Company)                     |

| The Articles of Organization for this Limited Liability Con-  | pany were filed on June 9, 2017 and assigned                           |
|---|--|
| Florida document number L17000126890  | and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited  | liability company here:  |
| Stage 1 Wave Fund LLC   |  |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 500 E. Kennedy Blvd.   |
| (Principal office address MUST BE A STREET ADDRES   | Suite 300  |
|   | Tampa. FL 33602  |
|   |  |
| Enter new mailing address, if applicable:   | 500 E. Kennedy Blvd.   |
| (Mailing address MAY BE A POST OFFICE BOX)  | Suite 300  |
|   | Tampa, FL 33602  |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | d office address on our records, enter the name of the new<br>here:    |
| Name of New Registered Agent:   |  |
| New Registered Office Address: 500 E. Ke  | nnedy Blvd., Suite 300   |
|   | Enter Florida street address   |
| Tampa   | Florida 33602  |
|   | 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | Address                               | Type of Action |
|--------------|--------------------------|---------------------------------------|----------------|
| MGR          | Kirkland Christopher Aly | 2655 Ulmerton Road                    | ■ Add          |
|              | <del></del>              | #188                                  | /10u           |
|              |                          |                                       | □ Remove       |
|              |                          | Clearwater, FL 33762                  | Change         |
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| Effective data if other than the   | a data of filings                            | (   |                                   |
| (If an effective date is listed, the date mu<br>Note: If the date inserted in this b<br>document's effective date on the E | lock does not meet the applicable st         | (optional) of filing or more than 90 days after filing.) Pursuant atutory filing requirements, this date will not b | to 605.0207 (2<br>be listed as th |
| the record specifies a delaye<br>The 90th day after the rec  | d effective date, but not an octor is filed. | effective time, at 12:01 a.m. on the  | earlier of:                       |
| Dated  | 2018   |   |                                   |
|  | 7/1/   |   |                                   |
| $\rightarrow$  | gry film                                     | epresentative of a member   |                                   |

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Typed or printed name of signee

Filing Fee: \$25.00