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	(Requestor's Name)		
	(Address)		
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<u> </u>	(City/State/Zip/Phone #)		
	(-UP WAIT MAIL		
<u> </u>	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
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COVER LETTER

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TO:	Registration Section
	Division of Corporation.

Waveom SUBJECT:

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:

Un allen hC Firm/Company nds B Raci E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

21 ame of Persor Area Code Davtime Telephone Number

Enclosed is a check for the following amount:

X S25.00 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

he 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 10/13/2017 and assigned Florida document number 17000211957

This amendment is submitted to amend the following:

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

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: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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501 Three Islands, Blud #4110

Hallandanle, Beach, FL 331

B. If amending the registered agent and/or registered office address on our records, <u>enter the nanfieof the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Marlen Mes	a
Maklen Mesc	r
Enter Florida stree	# address
Mjanu City	, Florida <u>330799</u> 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.

gistered Agent, <u>Stenature</u>

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

Title Name Address Type of Action 501 three Island Blud Add MgR Maklen Mesa _____ #416 Remove Hallandale Beach FL 33009 AMBR Marlen onlesa 501 three Island Blud #416 Add Hallandale #1- 33009 Remov Change 🖸 Add □ Remove □ Change 🗆 Remove <u>≯</u> _□ Change -œ . ivi. ' Remove Change 🗆 Add C Remove Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4 authorized Kensen ange 40 ΤO

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _ mp Signature of a memoer or thorized representative of a member arlen Mesa Typed of printed name of signed

Page 3 of 3 Filing Fee: \$25.00