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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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S. WARREN JAN 17 2018

# **COVER LETTER**

SUBJECT:13+1	u Wave Prop	erties LLC ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	_Dorothea	Delgado Name of Person	
	13th Wav	e Properties LL	<u>C</u>
	729 NI	w 9th Ave	
	<u>Gaines</u>	sville Fr 326	001
	info @	City/State and Zip Code  13+hwave proper  to be used for future annual report notifi	ties , com
For further information co	oncerning this matter, please of	all:	
Dorothea D	Delgado Person	at ( <u>305</u> ) <u>394</u> Area Code Daytime	7202 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	翼 \$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)

TO:

**Registration Section Division of Corporations** 

> 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

13th Wave Proper	ties LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on c	our records.)
(TTTMAGETAINEGTA	and the second	
The Articles of Organization for this Limited Liability Company v	were filed on	10 / 20 17 and assigned
Florida document number 1 17000 23 3411		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida st	reet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my a rovided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is
		7 <b>5</b> F
If Chang	ging Registered Agent, §	ignature of New Registered Agenti

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>	<u>Address</u>	Type of Action
MGR	katelyn (ammardolla	709 100 944 Ave	
	·	709 No 9th Ave Gains ville FZ 32601	\textsquare
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Tective date, if other than the date of filing:	after filing.) Pursuant to 605.020
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days te: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.020
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days de: If the date inserted in this block does not meet the applicable statutory filing requirements cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:0	after filing.) Pursuant to 605.026 s. this date will not be fisted a
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Filing Fee: \$25.00