

L17000256785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

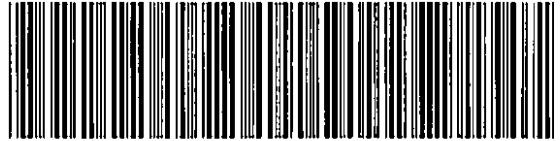
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
JAN 10 2023

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2023 JAN -9 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 JAN -9 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 25.00

AUTHORIZATION: *James Full*
FREE WAVE USA BRAZIL LLC L17000256785

Business Name

Document Number, (if known):

 Walk in

 Pick up time

 Mail out

 Will wait Photocopy

 Certified Copy of Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 Limited Liability

 Domestication

 Other

 CORP

 PLLC

AMMENDMENTS

 X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution

 Merger

 Conversion

 Amended and restated Articles

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTIL()

 Other
Country

REGISTRATION/QUALIFICATIONS

 Foreign filing

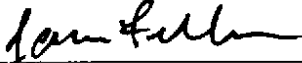
 Limited Partnership

 Reinstatement

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

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☐ Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL() ☐

☐ Other
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREE WAVE USA BRAZIL LLC

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:

Natalie Hidalgo

Name of Person

Westfield Accounting Services LLC

Firm/Company

357 Old Town Rd

Address

East Setauket, NY 11733

City/State and Zip Code

natalie@westfieldasllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Hidalgo

917 326-1562
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FREE WAVE USA BRAZIL LLC

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

FILED
2023 JAN -9 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on Dec 18, 2017 and assigned
Florida document number L17000256785.

This amendment is submitted to amend the following:

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

Server Specialist & J 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:

(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), the effective date will not be listed as "the date of filing" or "the date of publication" if the date of filing or the date of publication is listed.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 9, 2023

Juan Coleto
Typed or printed name of signee

Filing Fee: \$25.00