48000103178

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		WAVE PAINTING LLC		
sobji.ci.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notifi	cation)
For further it	nformation co	oncerning this matter, please ca	all:	
MARSHA S	ЗІНА		855 829-9090	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
:7 \$25.00 F	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:

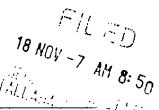
TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RIDE THE WAVE PAINTING LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now <u>appears on our records.</u>) d Liability Company)	LONIOA
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000103178</u> .	ny were filed on 04/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or i	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 registered agent and/or the new registered office address he	_	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	

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.

City

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>	<u>Address</u>	Type of Action
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		SAINT AUGUSTINE, FL 32080	
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be pack does not meet the app	for to date of filing or dicable statutory fili	(optio more than 90 days after ng requirements, this	tiling.) Pursuant to 605.0207
record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a	.m. on the earlier o
ted	2018	·		
ted OCTOBER 29 Auron (C	DQ . A	_		
	ignature of a member or a	ithorized representation	e of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00