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COVER LETTER

FREDDIE PAUL ROSADO at (TO: Registration S Division of Co			
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: FREDDIE PAUL ROSADO Name of Person TRE WAY WAVES LLC Firm/Company 7366 GARY AVE Address MIAMI BEACH FL 33141 City/State and Zip Code TREWAYWAVES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FREDDIE PAUL ROSADO Name of Person Area Code S12-0571 at (Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificed Copy (additional copy; is enclosed)		Y WAVES LLC		
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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

TRE WAY WAVES LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/10/2018	and assigned
Florida document number L18000166820	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI.C" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 SE
Principal office address MUST BE A STREET ADD	DRESS)	JUL JOSE
		OF TAR
		70 CO
Enter new mailing address, if applicable:		75 ST
(Mailing address MAY BE A POST OF FICE BOX)		TION S

B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	, FIOFIC	ин Zıp 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, 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	FREDDIE PROSADO	7366 GARY AVE	□ Add
		MIAMI BEACH FL 33141	□ Remove
			■ Change
			□ Add
			Remove
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	Fufus Signature of a	t member or author	zed representative of	a member		

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Filing Fee: \$25.00