L18000112124

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OCT 23 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 941037 8186849
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE: October 2, 2019
ORDER TIME : 9:37 AM
ORDER NO. : 941037-001
CUSTOMER NO: 8186849
DOMESTIC AMENDMENT FILING NAME: WELCH WAVES, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: _

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELCH WAVES, LLC		
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000172184	Company were filed on <u>07/17/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· ()
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>e</u> dress here:	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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

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	David Welch	14339 Ingraham Bivd	
		Port Charlotte, FL 33981	™ Remove
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cote: If the date inserted in this block does not me ocument's effective date on the Department of States.	et the applica	o date of filing ble statutory	g or more than 90 filing requires	(optional) days after filing nents, this date) 3.) Pursuant to 605.02 : will not be listed
record specifies a delayed effective da The 90th day after the record is filed.	te, but not	an effect	ive time, at	12:01 a.m.	on the earlier
15 October ,	2019	_·			
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Filing Fee: \$25.00