(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section
Division of Corporations

New Wave SUBJECT:	Art Wknd, LLC		
<u></u>	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah Gavlak		
		Name of Person	
	New Wave Art Wknd, LL	С	
	·····	Firm/Company	
	340 Royal Poinciana Way	Suite M334	
		Address	
	Palm Beach, FL 33480		
		City/State and Zip Code	
	jfservice@jonesfoster.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Sarah Gavlak		561 833-0583	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ S25.00 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 Addres Registration S		<u>Street Address:</u> Registration So	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, I	1L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Wave Art Wknd, LLC (Name of the Limited Liability Compa	any as it now appears on our r	records.)	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000225347</u> .	were filed on 9/24/2018	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the ab Avia "L.	L.C."
Enter new principal offices address, if applicable:	340 Royal Poinciana Way		TI
(Principal office address MUST BE A STREET ADDRESS)	Suite M334	AHA AHA	=
	Palm Beach, FL 33480	SS. 79	M
Enter new mailing address, if applicable:	340 Royal Poinciana Way	d 3: 34 E.FL	O
(Mailing address MAY BE A POST OFFICE BOX)	Suite M334	- 1	
	Paim Beach, FL 33490		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>c</u> Enter Florida street c		v register
	City	_, Florida Zip Code	· · · · ·
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u> <u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	es, and I am familiar wit	h and

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add·
			SECRETARY TALLAHAS
			CRETARY OF Charge
			SSOF SIA WOAdd
			Remove
		,	□Change
			□Add
			Remove
			Change
			
			□ Remove
			□ Change

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fective date, if other than th	e date of filing:	(optional)	
in effective date is listed, the date m	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	g or more than 90 days after filing.) Pursua	nt to 605.0207 t be listed as
ecord specifies a delayed effect is filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th	day after the
June 1	2020		
ited	 / ·		
ited	Enature of a member or authorized represen		