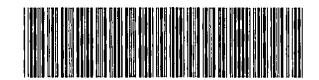
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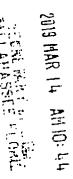
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COVER LETTER

TQ:	Registration Se Division of Cor			STATE OF THE PARTY	
		ASTERS OF FLORIDA, LLC		F 25 F	
SUBJ	ECT:	Name of Lim	ited Liability Company		
				600	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		KENNETH J. HAINES			
			Name of Person		
WAVE BLASTERS OF FLORIDA, LLC					
Firm/Company					
2117 NW PINELAKE DRIVE					
			Address		
		STUART, FL 34994			
City/State and Zip Code					
Ken_Haines@Hotmail.com					
			to be used for future annual report notif	ication)	
For fur	rther information co	oncerning this matter, please c	all:		
KENNETH J. HAINES			772 692-3131		
	Name of	Person		: Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$2	5.00 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 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



WAVE BLASTERS OF FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Compar	ny were filed on 10/12/2018	and assigned
Florida document number L18000241403		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	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:	, and the same of	
(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 be		nter the name of the 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	14Zip 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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = _Manager AMBR = Authorized Member

<u> l'itle</u>	<u>Name</u>	Address	Type of Acti
MGR	KENNETH J. HAINES	2117 NW PINELAKE DRIVE STUART, FL 34994	
			☐ Remove
			☐ Change
AMBR	ALBERT CLINE	5612 SEAGRAPE DRIVE FT. PIERCE, FL 34982	≅ Add
			☐ Remove
			Change
MGR	TOWNE, ERIC J		Add
		203 TERRY ST SATELITE BEACH, FL 32937	■ Remove
•			□ Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the light	ist be specific and ca block does not mee	umot be prior to da et the applicable	te of filing or more t statutory filing red	(optional) nan 90 days after filing. Juirements, this date) Pursuant to 605.02 will not be listed
ne record specifies a delaye The 90th day after the re		e, but not ar	effective time	, at 12:01 a.m.	on the earlier
FEBRUARY 28th		2019			
	· -				
4-,	,	//-			
J-re	Signature of a mer	mber or authorize	Trepresentative of a	member	

Page 3 of 3

Filing Fee: \$25.00