

L18000 242 036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

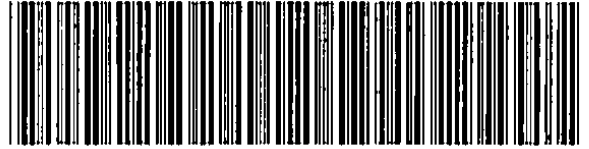
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP - 9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 SEP 2019

SEP 17 2019
T.SCHNEIDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waves and Wonder, LLC

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:

Sonia Sliger-Luscombe

Name of Person

Waves and Wonder, LLC

Firm/Company

P.O.Box 950227

Address

Lake Mary, FL 32795 (or 6671 Sylvan Woods Dr., Sanford, FL 32771)

City/State and Zip Code

wavesandwonderllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Sliger-Luscombe

407

383-6711

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Waves and Wonder, 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 Company were filed on 10/15/2018 and assigned Florida document number L18000242036.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Sensible Seahorse, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

same

6671 Sylvan Woods Dr.,

Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

P.O.Box 950227

Lake Mary, FL 32795

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SEALING UNIT
ALL AMASST, FLORIDA
19 SEP - 9 PM 10:14
LED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

19 SEP -9 PM 1:
STATEMENT OF
ATTORNEY GENERAL

FILED
19 SEP - 9 PM 1:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September, 4 2019

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Sonia Sliger-Luscombe

Typed or printed name of signee