

L18000258917

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2025 JUN 10 PM 3:58  
STATE  
TALLAHASSEE, FL

6/12/2025

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Springwave Development Group 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:

Samuel Gal

\_\_\_\_\_  
Name of Person

Springwave Development Group LLC

\_\_\_\_\_  
Firm/Company

2640 NE 18th Terrace

\_\_\_\_\_  
Address

Lighthouse Point, FL 33064

\_\_\_\_\_  
City/State and Zip Code

sam@springwavedevelopment.com

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

For further information concerning this matter, please call:

Samuel Gal

212

9204744

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2025

SAMUEL GAL  
2640 NE 18TH TERRACE  
LIGHTHOUSE POINT, FL 33064

SUBJECT: SPRINGWAVE DEVELOPMENT GROUP LLC  
Ref. Number: L18000258917

We have received your document for SPRINGWAVE DEVELOPMENT GROUP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

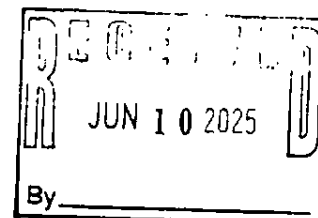
If amending the name, please enter the new name of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 125A00011515



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Springwave Development Group LLC

2025 JUN 10 PM 3:58

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

FILED  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/5/2018 and assigned  
Florida document number L18000258917.

This amendment is submitted to amend the following:

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

~~Springwave Development Group~~

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)**

SAMUEL GAL

2640 NE 18th Terrace

Lighthouse Point, FL 33064

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAMUEL GAL

2640 NE 18th Terrace

Lighthouse Point, FL 33064

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

Name of New Registered Agent:

Samuel Gal

New Registered Office Address:

2640 NE 18th Terrace

*Enter Florida street address*

Lighthouse Point

Florida 33064

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

Ron Gal is no longer a member and associated with Springwave Development Group LLC. please remove his  
name from list of authorized person.

**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)(b)

**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 March 31 2025

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Samuel Gal - CEO

\_\_\_\_\_  
Typed or printed name of signee