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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Cadificat Capias Cadificates of Status  |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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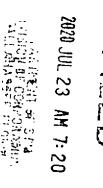


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JUL 2 3 2020

SEP 1 0 2020 S. YOUNG



## **COVER LETTER**

TO:

|                       | egistration Se<br>ivision of Cor |  |   |  |  |
|-----------------------|----------------------------------|--|---|--|--|
| eub ie <i>c</i> t     |                                  | Restoration LLC                              |   |  |  |
| SUBJECT               | :                                | Name of Lim                                  | ited Liability Company                            |  |  |
| The enclos            | ed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.                                |  |  |
| Please retu           | m all correspo                   | ondence concerning this matter               | to the following:                                 |  |  |
|                       |                                  | Paul Pfleiderer                              |   |  |  |
|                       |                                  |  | Name of Person                                    |  |  |
|                       |                                  | Big Wave Restoration LLC                     |   |  |  |
|                       |                                  | •  | Firm/Company                                      | <del></del>  |  |
|                       |                                  | 10512 Rochester Way                          |   |  |  |
|                       |                                  | <del></del>                                  | Address   |  |  |
|                       |                                  | Tampa, FL 33626                              |   |  |  |
|                       |                                  |  | City/State and Zip Code                           |  |  |
|                       |                                  | paul@bigwaverestoration.co                   |   |  |  |
|                       |                                  | E-mail address: (                            | to be used for future annual report notification) |  |  |
| For further           | information c                    | oncerning this matter, please ca             | all:  |  |  |
| Paul Pfleic           | lerer                            |  | 813 992-3310<br>at ( )                            |  |  |
|                       | Name o                           | f Person                                     | Area Code Daytime Telephone                       | : Number   |  |
| Enclosed is           | s a check for th                 | ne following amount:                         |   |  |  |
| \$25.00               | ) Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed)      | 60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |  |
|                       | Iailing Addres                   |  | Street Address:                                   |  |  |
|                       | legistration Solvision of C      |  | Registration Section Division of Corporations     | S  |  |
|                       | .O. Box 632                      | •  | The Centre of Tallahasse                          |  |  |
| Tallahassee, FL 32314 |                                  |  | 2415 N. Monroe Street, Suite 810                  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 .

| Big Wave Restoration LLC   |                                     |
|--|-------------------------------------|
| (Name of the Limited Liability Company as it now appears on our r<br>(A Florida Limited Liability Company)                                 | Sec 3                               |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{01/11/2019}{1}$                                       | and assigned                        |
| Florida document number L19000013270   | : 20                                |
| This amendment is submitted to amend the following:  |                                     |
| A. If amending name, enter the new name of the limited liability company here:   |                                     |
| 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)  |                                     |
|  |                                     |
| Enter new mailing address, if applicable:  |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                     |
| B. If amending the registered agent and/or registered office address on our records, eagent and/or the new registered office address here: | enter the name of the new registere |
| Name of New Registered Agent:  | <del></del>                         |
| New Registered Office Address:  Enter Florida street of  | nidross                             |
|  |                                     |
| City   | , Florida = 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> | Address           | Type of Action |
|--------------|-------------|-------------------|----------------|
| MGR          | Adam Brown  | 521 Altaloma Ave  |                |
|              |             | Orlando, FL 32803 | □Remove        |
|              |             |                   | Change         |
|              |             |                   |                |
|              |             | <del> </del>      | □Remove        |
|              |             |                   | □ Change       |
|              |             |                   |                |
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|              |             |                   | □Remove        |
|              |             | -4-7              | □Change        |
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|              |             |                   | □Change        |

| ffective date, if other than the date of filing:  an effective date is sisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,0207  force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  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 dis filed.  Signature of a member or authorized representative of a member  Paul Pfleiderer  |                           |  |   |  |                           |                        |  |
|---|---------------------------|--|---|--|---------------------------|------------------------|--|
| ffective date, if other than the date of filing:  |                           |  |   |  | <u>-</u>                  |                        |  |
| Flective date, if other than the date of filing:  |                           |  |   |  |                           |                        |  |
| Flective date, if other than the date of filing:  |                           |  | <del></del>                                 |  |                           |                        | <del></del>  |
| Flective date, if other than the date of filing:  |                           |  |   | <del></del> -                                |                           |                        | · <del>- · · · · · · · · · · · · · · · · · ·</del> |
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| ated July 20, 2020.  Signature of a member or authorized representative of a member   | an effectiv<br>lote: If t | ve date is listed, the dat<br>he date inserted in th | te must be specific a<br>his block does not | and cannot be prior to<br>t meet the applica | to date of filing or more | than 90 days after fil | ing.) Pursuant to 605.0207                         |
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|   | ated                      | July   | 20  | <u> 2020</u>                                 | <u>)</u> .                |                        |  |
|   |                           | ·  | 0   | 1011   |                           |                        |  |
|   |                           |  | Signature of                                | a member or autho                            | rized representative of   | a member               |  |
|   |                           |  | •   |  |                           |                        |  |