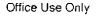
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| (1 | Requestor's Name) |
|----------------------|-------------------------|
| (, | Address) |
| (. | Address) |
| - (1 | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| | Business Entity Name) |
| (1 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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THE TO PH 4: 27

Quend/ name change

FEB 2 0 2019

D CUSHING

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|---|---|---------------------------|
| SUBJECT: Cec | IR WAVE C | Polutions, LLC ited Liability Company | <u>/</u> | |
| The make of Amielia of | Amendment and fee(s) are sub | using a few filters | | |
| | | _ | | |
| Please return all correspoi | ndence concerning this matter | to the following: | | |
| | Kelley | Name of Person | | |
| | | Firm/Company | | |
| | | | 1 | |
| | 7605 N | W 42ml Pl. A | pt. 206 = | |
| | Sunn | 21SE FL 333! City/State and Zip Code | FEB 13 | 90 30 40 Abve 38 33 |
| | Dark E-mill address: () | to be used for future annual report notif | Damail, consideration | OF STI |
| For further information co | oncerning this matter, please ca | O , | 27 | PORATIONS |
| Kelley L | Person | at (305) 767 - C Area Code Daytime | 879,4 Telephone Number | .,, |
| Enclosed is a check for the | e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | · · · · · · · · · · · · · · · · · · · |
|---|--|
| (Name of the Limited Liability Compan (A Florida Limited L. | - Table 1 |
| The Articles of Organization for this Limited Liability Company volument number <u>L1900022070</u> . | were filed on January 22,20 mg assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile and contain the words "Limited Liabile Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | (1.1.0) |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 71005 NW Hand Pl Apt 206 Sunrise, FL 33351 |
| 3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| Name of New Registered Agent: New Registered Office Address: | Cley L. Yash 1005 NW Hand Pl Apt 206 Enter Florida street address ONRISE Florida 3335 |
| | 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

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 Title Name Address **Type of Action** Rafael E. Rada □ Add 12850 W State Rd 84 Kemove DAVIE, Fl 33325 □ Remove □ Change □ Add □ Remove ☐ Change 7605 NW 42nd PIAPT 306 Kelley L Yash Sunrise, FL 33351 ☐ Change 7605 NW Hard Pl Apt 206 BADD AMBR Kelley L. YASh Sunple, FL 33351 □ Change □ Add ☐ Remove

☐ Change

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| in effei <u>ote:</u> T | re date, if other than the date of filing: |
| reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ited _ | February 9, 2019 |
| | Kelley d. Uash |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00