119 0000 726 27

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Comment in Line 2)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800328396338

U5/U2/18--01016--0U5 **25.80

TAVISTEN OF BOXATION

Comendo

MAY 1 5 2019 D CUSHING

COVER LETTER

Division of Corporations	
SUBJECT: Meta Wave 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:	
Stephen of Core ? Metablane blace	
Firm/Company 401 NE 30 St. Acc. 305 Address	
Hallandale Blach, FL 33009 City/State and Zip Code business & Luncetaware Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Stephen MGree at 772 418-3015 Name of Person Area Code Daytime Telephone Number	THE STATE
Enclosed is a check for the following amount:	É
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing	

MAILING ADDRESS:

Registration Section

TO:

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

Motallowe	LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number <u>L1900002262</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	19 * Sec.
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	\frac{\sqrt{\sq}\}}\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signt{\sqrt{\sqrt{\sq}}}}}}}\signtiles}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
New Registered Office Address:	
110 M Registered Office Paddless.	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 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 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 MGR Stephen MGree 401 NE 3rd St. Apt. 305 M Add Halandale Beach, FL Remove AMBR Andrea Indinientez 401 NE 3rd St. Apt 305 RADD Hallandale Beach, FL | Remove 33009 _ Change ☐ Remove _____ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

					
		··			
	· · · · · · · · · · · · · · · · · · ·				
		•			
		•			
 					
-					
		· · · · · · · · · · · · · · · · · · ·			
					
			· · · · · · · · · · · · · · · · · · ·		
		· · · ·			
					
Tective date, if other tan effective date is listed, thote: If the date inserted ocument's effective date	ne date must be specific and in this block does not	nd cannot be prior to da meet the applicable	ate of filing or more than statutory filing require	(optional) 90 days after filing.) Pursua ements, this date will no	nt to 605.0207 (t be listed as t
record specifies a The 90th day after			n effective time, a	t 12:01 a.m. on the	e earlier of:
ated April 2		. 2019			
	Stephen	MM	d representative of a men	,	<u>.</u>
	Atomatore of a	i momber or authorized	a representative of a men	ntwr	