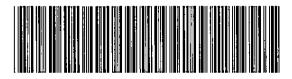
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	lew wave Cen	Hurion Services	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Deane N	Name of Person	
	New Wo	ave Centurion Services	
	1480 Woo	dlawn oaks Ave	
	clearwater	City/State and Zip Code Ointed. dn@ Smail, Com	
	Christan E-mail address: (i	to be used for future annual report notification)	
For further information c	concerning this matter, please ca	all:	
Deare Mu Name o	(10) of Person	at (727) 282-6350 Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
		2021	ſ
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Wave Cert (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1900051998.	1 . 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words and Contain th	ity 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)	1480 Woodlawn Oaks Ave Clearwater, FL 33756
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1480 Woodlawn Oaks Ave Clearwater, FL 33756
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
	Murray Woodlawn Oaks Ave Enter Florida street address Water Florida 33756 City Zip Code 33
New Registered Agent's Signature, if changing Registered Agent:	20 En Conc (5)
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro-	performance of my duties, and I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

II Changing Registered Agent, Signature of New Registered Agent

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 Type of Action MGR John R. Jones 1310 Parkwood ST DANGE Clearwater, FL 33755 Tremove

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