## L190000095388

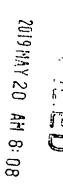
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(Re	questor's Name)	
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C. GOLDEN
JUN - 8 2019

## COVER LETTER

Division of Corporations			
SUBJECT: Wave F	? H LL	$\mathcal{C}$	
	Name of Limited L	lability Company	
The enclosed Articles of Amendment and f	ee(s) are submitted	<b>1</b> for filing.	
Please return all correspondence concerning	g this matter to the	following:	
	Daniel	Perez	
	Wave		
910	4 SW	Firm/Company  21 Terra	ce
	Miami, I	Address FL 33165	
<u>₩                                    </u>	ve cbd 6	State and Zip Code  Ome I. Com  Sector future annual report notifi	ication)
For further information concerning this mat	ter, please call:		
Daniel Perez		at ( <u>305</u> ) <u>878</u> – Area Code Daytime	7385 Telephone Number
Enclosed is a check for the following amou	nt:		
\$25.00 Filing Fee \$30.00 Filing Certificate	g Fee & □ 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		STREET/COURIE Registration Section Division of Corpora Clifton Building	n ations
Tallahassee, FL 32314		2661 Executive Cer	ner Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EII ED

Wave	Fit	LLC.		9 MAY 20 AM 8: 08
(Name of the Limited I	iability (	Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L 1900095</u>	lity Con	npany were filed on	4/5/ao	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited	d liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the words	s "Limited	d Liability Company," the d	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRES	<u>SS)</u>		<del></del>
				<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>			
		<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:				
New Registered Office Address:		Enter Flor	rida street address	
		1210, 130		
_		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	stered A	Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	ind com red ager istered o	iplete performance of nt as provided for in (	my duties, and La Chapter 605, F.S.	om familiar with and Or, if this document is
	Ĩ	If Changing Registered Ag	gent, <u>Signature of Nev</u>	Registered Agent

Page 1 of 3

_	from our records:	nage, enter the title, name, and address of each	person being add
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Harry Blustein IV	11554 SW 109th RDApt' Miami, FL 33176	<u> </u>
	,	Miami, FL 33176	🚾 Remove
			Change
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ffective an effec	the date inserted in this b	ist be specific and canno	(optional)  t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 are applicable statutory filing requirements, this date will not be listed as records.
Note: lí	n s cricerire duce on the r		
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Note: 11 locumer e reco The 9	rd specifies a delaye Oth day after the rec	Signature of a member	r or authorized representative of a member
Note: 11 locumer e reco The 9	rd specifies a delaye Oth day after the rec	Signature of a member	r or authorized representative of a member

Filing Fee: \$25.00