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## **COVER LETTER**

•	gistration Secti- vision of Corpo		•					
(1110) 151277	New waves Volleyball Clu B LL C							
SUBJECT:		Name of Limi	ted Liability Company					
The enclosed	d Articles of An	nendment and fee(s) are subt	nitted for filing.					
Please return	all corresponde	ence concerning this matter t	to the following:					
		Saves Volleyball Clu B LL C  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:    Company						
		NEW V	Firm/Company	NCCCUB, LLC				
		1907 H	IGHVI EW Dr Address					
		PALM H	ARBOR, FL 346 City/State and Zip Code	83				
		KALE A E-mail address: (t	AZZAN (D) HOTN to be used for future annual report notified	NATL. Com				
For further i	nformation cond	cerning this matter, please ca	all:					
KHA	Name of Po	A ZZA N	at ( <u>727</u> ) <u>C/79-3</u> Area Code Daytime T	Glephone Number				
Enclosed is	a check for the I	following amount:						
\$25.00	Filing Fee							

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**

The Articles of Organization for this Limited Liability Company were filed on	NEW WAVES  (Name of the Limited Liab (A Flor	VILLETBALL CLUB LL C  bility Company as it now appears on our records.) rida Limited Liability Company)
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, enter the name of the na	The Articles of Organization for this Limited Liability Florida document number <u>L 1900013</u>	Company were filed on 5/16/19 and assigned 3037
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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, enter the name of the n	This amendment is submitted to amend the following:	;
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, enter the name of the n	A. If amending name, <u>enter the new name of the li</u>	imited liability company here:
(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, enter the name of the n	The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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, enter the name of the n	Enter new principal offices address, if applicable:	
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, enter the name of the n	(Principal office address MUST BE A STREET AD)	DRESS)
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the n		
B. If amending the registered agent and/or registered office address on our records, enter the name of the n	Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office address on our records, enter the name of the n	(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	Name of New Registered Agent:	
New Registered Office Address:	New Registered Office Address:	
Enter Florida street address		Enter Florida street address
, Florida		
New Registered Agent's Signature, if changing Registered Agent:	N. During and America Circums if the series Desires	•

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KHALED AZZAN	1907 HIGHVIEW DY Palm HARBOR, FL34683	<b>⊡-∧</b> dd
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an effe <u>'ote:</u> J	ve date, if other ctive date is listed, the f the date inserted ant's effective date	he date mus I in this blo	it be specific a ock does no	and cannot b t meet the	applicable	te of filing or statutory fil	more than 90 ing requirer	(option ) days after finents, this o	ling.) Pursuant	t to 605.020 be listed a
e reco	ord specifies a 90th day after	delayed the rec	l effective ord is file	e date, b d.	ut not ar	effective	time, at	12:01 a.	m. on the	earlier o
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ated _			N	a member.	or authorized	l representati	ve of a memi	ber		

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Filing Fee: \$25.00