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| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| | Registration Sec Division of Corp | | | •• | | | |
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| SUBJEC | T: | NAVE AR | MOR ne of Limite | Class UCC ed Liability Company | | | |
| The encl | osed Articles of | Amendment and fee(s |) are subm | nitted for filing. | | | |
| Please re | turn all correspo | ndence concerning thi | s matter to | o the following: | | | |
| | | | harle | PS EVEREH Name of Person | | _ | |
| | | W | AUE | ARMOR 1225 L | ıc | _ | |
| | | 126 | 25 L | ucas Street | 1.11 | _ | |
| | | | ees! | OUTO FL 3U City/State and Zip Code | 748 | _ | |
| | | E-mail: | - QVC address: (to | re++@bellso | uthinet | F. 1. | opp of D |
| For furth | er information co | oncerning this matter, | please cal | l: | | | |
| | Charles Name of | Everet | . | at (954) UUU - Area Code Daytii | - 0175 me Telephone Numb | | F M. 7: 23 |
| Enclosed | is a check for th | e following amount: | | | | , <u>;</u> , | ω |
| □ \$2 5. | 00 Filing Fce | \$30.00 Filing For Certificate of S | ee & itatus | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | |
| | | | | | | | |

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| WAVE ARMORI | ty Company as it now appears on our records.) |
|--|---|
| (A Florida | a Limited Liability Company) |
| The Articles of Organization for this Limited Liability C Florida document number <u>L190014253</u> 0 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit Lake County Hold The new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name name new name of the limit new name ne | ited liability company here: |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDR | RESS) |
| | DZI SEP |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | d 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------|----------------|
| MGR | Cynthia Everett | 4441 NE 19+ Terrace | [X Add |
| | | Pomparo Beach, FL | □ Remove |
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| ffective date, if othe an effective date is listed, lote: If the date inserted ocument's effective date. | the date must be sp ed in this block d | pecific and car oes not mee | inot be prior to I the applicab | date of filing o | r more than 90 o | (optiona days after filir ents, this da | ig.) Pursuant | to 605.020 be listed a |
| record specifies a delay is filed. | yed effective date | e, but not an | effective tim | e, at 12:01 a.i | m, on the earli | er of: (b) | The 90th da | y after th |
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| pated August | —————————————————————————————————————— | 1919 | | | tive of a member | | | |

Filing Fee: \$25.00