# L19000149157

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# **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJ	ECT:     L	MODO UNIO	O LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrew	Alverman Name of Person	
			Firm/Company	
		808 5	SIK Oak Ct.	<u> </u>
		New So	Myrna Beach / E City/State and Zip Code achine (6 gmail). to be used for future annual report notif	Florida 32168
		E-mail address: (1	to be used for future annual report notif	(ow
		oncerning this matter, please ca		
<u> A</u> v	Hare of	Person	at (S12) 769 Area Code Daytime	SJJD Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate 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:

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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

IL MODO	UNICO LLC
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L 1900) 1491</u>	Company were filed on <u>June 05, 2019</u> and assigned 57
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
First wave Media	LLC
The new name must be distinguishable and contain the words "Li	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:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	5
., ., .,	istered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad-	<u>dress here</u> :
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 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		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			□ Change
	<del></del>		☐ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
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		<del></del>	Remove
			☐ Change
			□ Remove
			□ Chanue

	*
	<del></del>
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,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 22,2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00