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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WAVLABZ STUDIOS LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2019/11/18 17:03

2019 NOV 18 PM 4:26

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAVLABZ STUDIOS LLC

2019 NOV 18 P 4:26

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/15/2019 and assigned
Florida document number L19000259269

This amendment is submitted to amend the following:

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 office address, if applicable:

13396 NW 8 TER

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33182

Enter new mailing address, if applicable:

13396 NW 8 TER

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33182

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN MAHER FARR	146 SW 160th CT	<input type="checkbox"/> Add
		MIAMI FL 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DAVID BERMUDEZ	13396 NW 8th TER	<input type="checkbox"/> Add
		MIAMI FL 33182	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FRANK GARCIA	113 SE 4th AVE	<input type="checkbox"/> Add
		HALLANDALE BEACH FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____

Enzo

Signature of a member or authorized representative of a member

DAVID BERMUDEZ

Typed or printed name of signer