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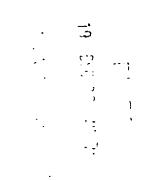
(Requestor's Name)
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(Document Number)
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JAN 23 ZOZO S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Waves (or Refreshing I	Reach Vacations 4	<u> </u>
	Name (yr.mm	ed hacinty company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
. Tellie Tellin III en			
	Darryl Cla	25'e Name of Person	
	•		
		Firm/Company	
	15100 Front B	each Rd, Unit	1203
	Panama City:	Beach Florida City/State and Zip Code	324/3
	Closedare E-mail address: (fr	DVerizon NE be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	11:	
Darry Ca Name of F	Person	at (<u>449</u>) <u>503</u> Area Code Daytime	- /8/8 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 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:	ation	Street Address:	ation
Registration Se Division of Co		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waves of Ketres	hina Beach Vaca	trons 46
	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number 419000296395 .		and assigned
This amendment is submitted to amend the following: (e)	fective date only)	
A. If amending name, enter the new name of the limited	l liability company here:	
		A
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 ADDRES	(S)	: ·
		• :
		- 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street adaress	
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
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n elle <u>ste:</u> []	we date, if other than the date of filing: O/O/JOOO (optional) etive 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 605.020 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
corc s tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	12 December 3019.
	Dawn & Close
	Signature of a member or authorized representative of a member