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Amend

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COVER LETTER

Registration Section

TO:

Division of Cor	porations					
	CENTER OF NAPLES,LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MARK R. PERKELL					
	Name of Person					
	MARK R. PERKELL ATTORNEY AT LAW					
Firm/Company						
	257 Fairway Drive					
		Address				
	South Burlington, VT 054	03				
		City/State and Zip Code				
	mark@markperkell.com E-mail address: (to be used for future annual report no	tification)			
For further information e	oncerning this matter, please c	all:				
MARK PERKELL		802 6517145				
Name o	f Person	at ()	me Telephone Number			
Enclosed is a check for the	he 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 Registration S		Street Address: Registration S	ection			
Division of C	Corporations	Division of Co	orporations			
P.O. Box 632		The Centre of				
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned NUWAVE CENTER OF NAPLES LLC (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 JANUARY 3, 2020 Florida document number 1.20000010457 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 "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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FABIO RODI	5760 WOODVIEW DRIVE	□Add
		STERLING HEIGHTS, MI. 48314	■Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
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			□Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the	block does not meet the app	licable statutory filing r	(optional) e than 90 days after filing.) P requirements, this date w	Pursuant to 605.0207 (3 ill not be listed as th
the record specifies a delayed The 90th day after the re		not an effective tim	ne, at 12:01 a.m. or	n the earlier of:
Dated APRIL 14	2020			
Dated		=		
//	Mach C.	tenho VII		

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Filing Fee: \$25.00