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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Oll 6/9/20

COVER LETTER

TO: Registration Se Division of Cor			
BLACKW	AVE LLC		•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rani Nasser		
		Name of Person	
	Black Wave L	-L(
		Firm/Company	
	507 Timber Pond Drive		
		Address	-
	Brandon, FL 33510		
		City/State and Zip Code	
	rani_nasser@hotmailcom		
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report not	iffication)
	oncerning this matter, prease e		
Rani Nasser		310 9457-876 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2020 MAY 20 PM 5: 14

BLACKWAVE LLC

SECHETARY OF CALLAHASSEE FILE

(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 Comp	pany were filed on $\frac{01/25/202}{2}$	and assigned
Florida document number L20000029696		
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 I	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	i, enter the name of the new registered
Name of New Registered Agent:		
Name Daniet and Office Address.		
New Registered Office Address:	Enter Florida stre	et 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
MGR	Lina Nasser	507 Timber Pond Drive Brandon, FL 33510	□Add
			=Remove
MGR	Rani Nasser	507 Timber Pond Drive Brandon, FL 33510	≣Add
			□Remove
		 	□Change
		 	□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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Filing Fee: \$25.00