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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	



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Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor			•
BIUWAVI	ELLC	•	2
SUBJECT:			<u> </u>
1	Name of Lim	ited Liability Company	20 11. 2)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2
Please return all correspo	ondence concerning this matter	to the following:	
	Donald Pucci		
		Name of Person	
	BIUWAVE LLC		
		Firm/Company	
	901 35th Street		
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	don.pucci@outlook.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Donald Pucci		561 261*6878	
	CD.	at ()	: Telephone Number
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	etion
Registration Division of (Section Corporations	Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIUWAVE LLC	ريني مر
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number	Company as it now appears on our records.) Limited Liability Company) February 28, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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>	<u>Address</u>	Type of Action
AMBR	Michael Boltri	901 35th Street, Boca Raton, FL 33431	■Add
			□Remove
AMBR	Oscar Curet	901 35th Street, Boca Raton, FL 33431	■Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 🗖 Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change

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