## L20000119340

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

		·	:
	PROPERTIES GROUP, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  IRFAN NAZIR  Name of Person  NEWAVE PROPERTIES GROUP, LLC  Firm/Company  4295 GREENLAND ROAD  Address  JACKSONVILLE F1. 32258  City/State and Zip Code  THENAZIRS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  INAZIR  Name of Person  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Street Address:  Registration Section		
	Name of Limited Liability Company  mendment and fee(s) are submitted for filling.  lence concerning this matter to the following:  IRFAN NAZIR  Name of Person  NEWAVE PROPERTIES GROUP, LLC  Firm/Company  4295 GREENLAND ROAD  Address  JACKSONVILLE FL 32258  City/State and Zip Code  THENAZIRS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  at (1)  Area Code  Daytime Telephone Number  following amount:  S30.00 Filling Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
	NEWAVE PROPERTIES	GROUP, LLC	
		See & Status   Street Address:  Registration Section Division of Corporations  The Centre of Tallahassee	
	4295 GREENLAND ROA		
		Address	<del></del>
	JACKSONVILLE FL 322	Address  City/State and Zip Code  GGMAIL.COM  Email address: (to be used for future annual report notification)  natter, please call:  1	
		City/State and Zip Code	
	<del>-</del>		
For further information c		-	incation)
IRFAN NAZIR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	of Person	at ()	ne Telephone Number
rianc o	NEWAVE PROPERTIES GROUP, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:    IRFAN NAZIR		
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Registration Se	
			-

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWAVE PROPERTIES GROUP, LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	)		
Articles of Organization for this Limited Liability Company were filed on 05/04/2020 ida document number L20000119340		and assigned		
his amendment is submitted to amend the following:				
•				
If amending name, enter the new name of the limited lia	bility company here:			
		2021		
new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation L.L.C."		
ter new principal offices address, if applicable:		AR II		
incipal office address MUST BE A STREET ADDRESS)				
		1		
		ORIDA		
ter new mailing address, if applicable:				
• • •				
ailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
If amending the registered agent and/or registered office		L		
nt amending the registered agent and/or registered office end and/or the new registered office address here:	address on our records, enter ti	te name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter Pioriaa street aaaress			
	, Flor	rida		
	City 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
AMBR, \	DONALD F. COBB	11144 ENGLISH MOSS LANE	□Add
		JACKSONVILLE FL 32257	■Remove
		<del> </del>	□Change
AMBR, S	WENDY COBB	11144 ENGLISH MOSS LANE	
		JACKSONVILLE, FL 32257	≣Remove
<del></del>			2021AAdd III
			Remove
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lfan offecti <u>Note:</u> If	e date, if other than to ive date is listed, the date the date inserted in this t's effective date on the	must be specific and block does not m	cannot be prior to neet the applicab	date of filing or mo le statutory filing	re than 90 days aft	tional) ter filing.) Purs his date will	suant to 60 not be lis	05.0207 sted as
e record s rd is filed.	pecifies a delayed effe	ctive date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of:	(b) The 90t	h đay aft	ter the
Dated	March	Signature of a	2021	, •				
				(2 V				
		Signature of a	nember or authori	representative of	of a member			
		~						

Filing Fee: \$25.00