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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Wave Riders	305	LLC	•
		ted Liability Company	
The enclosed Articles of Amendment an	d fee(s) are sub	nitted for filing.	
Please return all correspondence concerr	ting this matter t	to the following:	
7	prethen	Ferman J.K. Name of Person	
<i>W</i>	ave Rid	Sees 305 LLC Firm/Company	
16	15 NE	/(°6 7 4 27	
No	oth Mian	Beach Florida City/State and Zip Code	,33162
Wo	veriders	305@ Gmail - Cor	Y)
For further information concerning this r			Cation
Jonathan Ferman Name of Person	TR.	at (<u>917</u>) 60 1	
Enclosed is a check for the following am	rson Tr. at (917) 601 1910 Area Code Daytime Telephone Number		
		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mave Riders (Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on May 14, 2020 and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited 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 AD	DRESS)
Enter new mailing address, if applicable:	SCOT THE PROPERTY OF THE PROPE
(Mailing address MAY BE A POST OFFICE BOX)	STATE 7
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered 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
Mar	Benny Munoz	1615 NE 168th St	□Add
	'	North Miami Beach FL 32	162 Remove
			□Change
MGR	Alexander Munoz	1615 NE 168th St	🗹 Add
		North Miami Beach FL 3	<u>3162</u> □Remove
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<u>ote:</u> If the date i	nserted in this b	ne date of filing ust be specific and block does not m Department of St	eet the applica	to date of filing able statutory	G1C) or more than 90 filing requiren	(option days after fi nents, this c	i al) ling.) Pui late will	suant to not be	605.020 listed a
ecord specifies a is filed.	delayed effecti	ive date, but not a	an effective ti	ne, at 12:01 a	.m. on the earl	ier of: (b)	The 90	th day a	ifter the
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