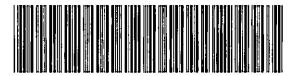
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COVER LETTER

Division of Corporations				
SUBJECT: Tida	1 Wave Pool	S SWF, 114 led Liability Company	<u></u>	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	Beinmid	Anthony Rogosza Name of Person	ewski Jr.	
	Tidal_	Wave Pools Sh Firm/Company	IF, LLC	
	1300	SW 47 Sticet		
		FL. 33914 City/State and Zip Code	_	
	E-mail address: (to	99057ews (Ci @ 46	hoo- Com	
For further information co	ncerning this matter, please cal	II:		
Becky Name of	Rogoszewski Person	at (<u>239</u>) <u>849-</u> Area Code Daytime	GOGO Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 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)	

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tidal WAVE POO (Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number L 20000 2690 11.	pany were filed on $\frac{08}{28}$ $\frac{2020}{2020}$ and assigned
This amendment is submitted to amend the following:	
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{28}$ $\frac{2020}{2020}$ and assigned Florida document number $\frac{L}{20000}$ $\frac{269}{20}$ $\frac{011}{2000}$.	
The new name must be distinguishable and contain the words "Limited	es of Organization for this Limited Liability Company were filed on
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) de registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: New Registered Agent:
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	fice 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
New Registered Agent's Signature, if changing Registered Ag	City Zip Code gent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

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 Title Name <u>Address</u> Type of Action MGR BERNARD ANTHONY ROGOSZEWSKIDE. 1300 SW 47 ST. Remove CAPE COTAL FL 33914 Bechange AMBR REBECCA B. ROGOSZEWSKI DANG 1300 SW 47 ST □ Remove CADE COTAL FL 33914 - Change _____ □Change _____ □Remove _____ □Add

____ □Remove

______ Change

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Note: If	date, if other than the date of filing:	5,0207 (ed as t
record s	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
record s d is filed.		r the
record s d is filed.		
record s d is filed.	· · · · · · · · · · · · · · · · · · ·	
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Filing Fee: \$25.00