LZO 000278114

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	OneWave	LLC	f	
SUBJEC	-li <u></u>	Name of Lin	nited Liability Company	· · · · ·
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		Michael Watson		
			Name of Person	
		OneWave LLC		
			Firm/Company	
		4767 Via Palm Lake Apt 2	212	
			Address	
		West Palm Beach, Florida	33417	
			City/State and Zip Code	
		Onewaveclothing26@gmai		
			to be used for future annual repo	ort notification)
For furth	er information	concerning this matter, please c	all:	
Michael Watson			954 702550 at ()	09
Name of Person				Daytime Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25 .	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addre	
	Registration	Section Corporations	Registratio	n Section f Corporations
	P.O. Box 63			e of Tallahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unewave LLC						
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) /)				
The Articles of Organization for this Limited Liability Company were filed on September 8, 2020 Florida document number L20000278114						
his amendment is submitted to amend the fol	lowing:					
a. If amending name, enter the new name	of the limited liability company	here:				
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."				
nter new principal offices address, if appli	cable:					
Principal office address MUST BE A STRE.	ET ADDRESS)	721				
		UA T				
		-6				
nter new mailing address, if applicable:		<u> </u>				
Aailing address MAY BE A POST OFFICE	BOX)					
		::5				
. If amending the registered agent and/or gent and/or the new registered office addre	· ·	records, enter the name of the new regis				
	Michael Watson					
Name of New Registered Agent:	Michael Watson					
New Registered Office Address:	4767 via palm lake apt 212					
	Enter Fo	lorida street address				
	west palm beach	, Florida 33417				
	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
MGR	Fatimah Cruell	4767 via palm lake apt 212	□Add
		West palm beach, Florida 33417	■Remove
			□Change
MCzR	Michael Watson	4767 via paim lake	SAdd
		apr 212 west palm beach, F13	3 417 □Remove
			□Change
			□Add
			□Remove
			202Change
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			PN D
			US O Change
			□Add
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			□Remove
			Change

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Effective date, if other than the c	ata of filir	n.a.						optiona	.IX	=======================================	Ū
f an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department.	se specific an k does not	nd canno meet th	e applic	able stat	f filing or utory fil	more the	an 90 days	after fili	ng.) Pui	suant t	o 605.0207 e listed as
record specifies a delayed effective d is filed.	date, but no	ot an eff	fective ti	me, at l	2:01 a.n	n. on the	e earlier o	of: (b)	The 90	th day	after the
October 24		202	.0								
	· · ·	· ,	<u>/</u>	<u> </u>							
			GP .								

Filing Fee: \$25.00