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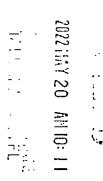
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dr ababasa

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	U-WAVE I	LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LUIS F QUIROZ		
			Name of Person	
		U-WAVE LLC		
			Firm/Company	
		1828 NW 111TH AVE		
			Address	
		PLANTATION, FLORIDA	A 33322	
			City/State and Zip Code	·
		FELIPE@FQUIROZGROU	IP.COM to be used for future annual report not	(Consider)
For further in	nformation c	oncerning this matter, please ca	•	meanony
LUIS F QUI	ROZ		305 9510264	
Name of Person		at () Area Code Daytin	e Telephone Number	
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 F	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)
	iling Addres		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co		
P.C). Box 632	7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U-WAVE LLC 2022 HAY 20 AH 10: 11 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/15/2020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida City

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>	Address	Type of Action
MGR	MARIA C VILLALOBOS	1828 NW 111TH AVENUE	≣ Add
		PLANTATION, FL 33322	□p
			□Change
			□Add
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an effective date is listed. ote: If the date inserte	er than the date of fi , the date must be specific ed in this block does n ate on the Department	and cannot be prior to not meet the applicab	date of filing or more to the statutory filing red	(optional han 90 days after filing quirements, this dat	e) Pursuant to 605 0207
record specifies a dela is filed.	yed effective date, but	not an effective tim	e, at 12:01 a.m. on the	ne earlier of: (b) T	he 90th day after the
MAY 17TH		2022	- '		
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