# 21000009868

(Red	questor's Name)	
- (Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Big Waves of Florida	LLC			
				Art of Inc. File
			<del></del>	LTD Partnership File
				Foreign Corp. File
				L.C. File
			<del></del>	Fictitious Name File
		}		Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
			-	Fictitious Owner Search
Signature			-	Vehicle Search
	<del>-</del>			Driving Record
D				UCC 1 or 3 File
Requested by: Seth	02/10/21			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In GA 8/00	Will Pick Up	·	_	Courier

## **COVER LETTER**

	egistration Sectivision of Corp			
		S OF FLORIDA, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
		mendment and fee(s) are submedence concerning this matter to		
		SANDRA G RENNICK		
			Name of Person	
		GOULD COOKSEY FENT	NELL	
		<u>, , , , , , , , , , , , , , , , , , , </u>	Firm/Company	
		979 BEACHLAND BLVD	•	
			Address	
		VERO BEACH, FL 32963		
			City/State and Zip Code	
		msbaker3913@gmail.com	to be used for future annual report no	stification)
For further	information co	incerning this matter, please ca		
SANDRA	G RENNICK		772 231-1100 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for the	e following amount:	·	
\$25.00	Filing Fcc	□ \$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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG WAVES OF FLORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000009868	were filed on JANUARY 12, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	1255 37TH STREET, #4	
(Principal office address MUST BE A STREET ADDRESS)	VERO BEACH, FL 32960	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1255 37TH STREET, #4 VERO BEACH, FL 32960	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the	name of the ne
Name of New Registered Agent:	51 . 51 .	- iii
New Registered Office Address:	Enter Florida street address	8: 32
	, Florida	
	City Zi <sub>j</sub>	o 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>	<u>Address</u>	Type of Action
MGR	SANDRA G. RENNICK	979 BEACHLAND BLVD.	
		VERO BEACH, FL 32963	■ Remove
			Change
MGR	SETH H. BAKER	1255 37TH STREET, #4	⊟ Add
		VERO BEACH, FL 32960	☐ Remove
			Change
			Add
			☐ Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			Remove
			Change
	<u> </u>	Remove	
			Change

<u>Sote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.	Intective date, if other than the date of filing:  'an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Softe: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Signature of a member or authorized representative of a member.	Intective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  FEBRUARY 5  2021		
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