## L21000054101

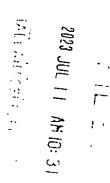
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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07/11/23--01017--020 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: M30 SOFWARE LLC.
Name of Limited Liabhity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BABARA W Hogan
M39 SO ATWARE, LLC
9460 Delegates Dr. Ste 103
Oxlando +1 32837
iCity/State and Zip Code  barb. house @ m 3d v R. Com  E-mail address: (1) be used for filture annual report notification)
For further information concerning this matter, please call:
SACRA Hogen at 321 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$25.00 Filing Fee \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$30.00 Filing Fee \& Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

INDI) JOHNWAVE, LLC 2022,
(Name of the Limited Liability Company as K now appears on our records.) (A Florida Limited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1)29/21/21 and assigned Florida document number 2/2/00054101
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 "L.I.C" or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  (Principal office address MUST BE A STREET ADDRESS)  (OPLICADO, F1 3283 7)
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Orland F1 32 837
3. 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:  Photo Delegates Dr. Ste 103  Enter Floriday treet address  Onland  City Florida  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.

It 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>	Name	<u>Address</u>	Type of Action
AMAK	Meithew Hogan	9460 Délégates Dr.	□Add
		Ste 103	□ Remove
		ORLdupo F1. 32837	hange
MMEN	Michael Hogan	9460 Delegates Dr	🗆 Add
	J	Ste 103	□Remove
		Orlango, FT. 3283	Change
Amark	BAY BAYA Hogan	9460 DELEGATES DY	
		Ste103	□Remove
		Oxlango +1 32837	Change
			🗀 Add
			[]Remove
			DChange
			🗆 Add
			□Remove
			□Change
			🖸 Add
			□Remove
			Change

	<del></del>
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	<u>/</u>
(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Rockette W Hog 24
	Typed or printed name of signee

Filing Fee: \$25.00