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H2500038065734BC3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FAULKNER FIRM, P.A.

Account Number: I20150000064

Phone : (727)781-7428

Fax Number

: (727)502-6064

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST WAVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

To.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2025 OCT 24 AM IO: 26

BEST WAVE LLC			SEURE FARY OF STATE FALL SHASSEE, FLORINA	
(Name of the Limite	ed Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number L21000206234	ability Company	were filed on May 3, 202	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	4056 Tampa Road		
(Principal office address MUST BE A STREET ADDRESS)		Oldsmar, FL 34677		
Enter new mailing address, if applicable:		4056 Tampa Road		
Mailing address MAY BE A POST OFFICE I	BOX)	Oldsmar, FL 34677		
B. If amending the registered agent and/or reagent and/or the new registered office addres	• •	address on our records.	enter the name of the new register	
Name of New Registered Agent:	The Faulkner Firm, P.A.			
	Office Address: 4056 Tampa Road			
New Registered Office Address:				
New Registered Office Address:		Enter Florida street	address	
New Registered Office Address:	Oldsmar	Enter Florida street		

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.

(H250003806573)

If Changing Registered Agent, Signature of New Registered Agent

From:	Debbie	Faulkner	

Fax: +17279394900

To:

Fax: +18506176383

Page: 4 of 5

10/23/2025 5:53 PM

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 (H25000380657 3)

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Helio Dante Rebot	20806 HIGHLAND LAKES BLVD	🗆 🗆 Add
		MIAMI, FL 33179	■Remove
			☐ Change
AMBR	Marcela Donnini Rebot	20806 HIGHLAND LAKES BLVD	□Add
		MIAMI, FL 33179	Remove
			Change
MGR	Candela Sofia Rebot	4056 Tampa Road	□ Add
		Oldsmar. FL 34677	□ Remove
			■ Change
			□Add
			Remove
			□ Add
			□ Remove
			□Change
			□Add
(11250	00290657 2)		Remove
(HZ5U	00380657 3)		□Change

(H25000380657 3)

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		. 26
Note: If the date inserted in this b	ist be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605,0207 (ory filing requirements, this date will not be listed as t
he record specifies a delayed effection of is filed.	ve date, but not an effective time, at 12:0	H a.m. on the earlier of: (b) The 90th day after the
October 16	2025	
Dated	The Company of the Co	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature of a member or authorized repres	sentative of a member
Debra A. Faulkner, Es	4., attorney for Best Wave LLC	
	Typed or printed name of s	signee
	(H25000380657	3)

Filing Fee: \$25.00