## 121000441562

(Requestor's Name)	_
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(Business Entity Name)	_
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## **COVER LETTER**

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316 SURJECT:	01 Bayshor	re Drive 1704 LLC		
		Name of Limit	ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all	correspond	dence concerning this matter t	o the following:	
		Sean Gordon		
			Name of Person	<del></del>
		New Wave Global Manager	ment LLC	
			Firm/Company	
		50 Nepperhan st. Ste. 2303		
			Address	
		Yonkers/New York, 10566		<del> </del>
		Accounts@nwgmanagement		
		E-mail address: (to	o be used for future annual report not	ification)
For further infor	mation con	cerning this matter, please ca	II:	
Sean Gordon			917 859-3581 at ()	
	Name of Person  New Wave Global Management LLC  Firm/Company  50 Nepperhan st. Ste. 2303  Address  Yonkers/New York, 10566  City/State and Zip Code  Accounts@nwgmanagement.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:    Area Code			
Enclosed is a ch	eck for the	following amount:		
<b>■</b> \$25.00 Filin	ng Fee		Certified Copy	Certificate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3101 Bayshore Drive 1704 LLC		
(Name of the Limited	Liability Company as it now appears on our records. V Florida Limited Liability Company)	)
The Articles of Organization for this Limited Lial	bility Company were filed on 10/08/2021	and assigned
Porida document number 1.21000441562		
his amendment is submitted to amend the follow	ving:	
a. If amending name, enter the new name of t	he limited liability company here:	
Suites By New Wave LLC		
the new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble;	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter tl</u>	he name of the new registe
gent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	1,110, 1,10,100,000,000,000	
	, Flor	rida
	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 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	Address	Type of Action
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			Remove
			☐Change
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		, <del>-</del> .					
Fe'	bruary 6th	(h/	2024	<del></del> ·			
			_	norized representati			
		/ <i>7    </i>					

Typed or printed name of signee