KZ1000442475

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COVER LETTER

TO:	Registration Se Division of Cor							
SUBJE		Condo LLC	,					
SO DJE	cr	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ondence concerning this matter	to the following:					
		Tanishia Stokes						
			Name of Person					
		Findlay Stokes Law Firm						
			Firm/Company					
		8551 W Sunrise Blvd., Su	ite 101-A					
			Address					
		Pembroke Pines, Florida 3	3076					
City/State and Zip Code rowina@bluewavecondo.com E-mail address: (to be used for future annual report notification)								
							For furtl	her information c
Tanishi	a Stokes, Esq.		954 986-1778 at ()					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclose	d is a check for th	ne following amount:						
■ \$25	.00 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)				
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection				

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

FILED

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BLUE WAVE CONDO LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 I Florida document number 1.21000442475	.iability Company	y were filed on $\frac{10/1}{2}$	11/2021	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	bility company her	<u>re</u> :			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	signation "LLC" or the al	obreviation "L.1C."		
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE.	ET ADDRESS)					
Enter new mailing address, if applicable:	7957 N Universit	ty Drive # 1034, Parkla	nd. Florida 33076			
(Mailing address MAY BE A POST OFFICE	BOX)					
		·				
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our red	cords, <u>enter the nan</u>	ne of the new registered		
Name of New Registered Agent:	s Law Firm					
New Registered Office Address:	Registered Office Address: 8551 W Sunrise Blvd., Suite 101-A					
		Enter Florid	da street address			
	Plantation		, Florida ³³	322		
		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 Changing Hegistered 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>	Address	Type of Action
AMBR	Rowina Eveisa Fornica Gonzalez	7957 N University Dr., #1034, Parkland, FL 33076	≣ ∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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