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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration So Division of Cor		•	`
		d Property Group LLC	٠.	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Jonathan Maio		
			Name of Person	
		FlipWave Investments LL0	2	
			Firm/Company	
		255 The Esplanade N Apt	1002	
			Address	
		Venice FL 34285		202 SE T
			City/State and Zip Code	BDEC CRET
		jonathandmaio@gmail.com		∠> 0
		E-mail address: (to be used for future annual report notification)	
For furth	er information o	concerning this matter, please co	all:	一 (荷) (道) 。 四の 二
Jonathan	Maio		631 3354055	1: 39 S F.C. S F.C.
	Name o	of Person	Area Code Daytime Telephon	1.1.
Enclosed	is a check for t	he following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporation	s
	P.O. Box 632		The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maio Strand Property Group LLC (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 Liability Company were filed on October 22, 2021 and assigned Florida document number L21000460219 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FlipWave Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: Enter Florida street address , Florida __ Cin

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>	<u>Name</u>	Address	Type of Action
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	st be specific and cannot be prior to date of filing or lock does not meet the applicable statutory fil		
	re date, but not an effective time, at 12:01 a.n	m. on the earlier of: (b) The 90th day aft	er the
record specifies a delayed effective d is filed.			
d is filed.	2023		
d is filed.	2023		
d is filed.	Signature of a member or authorized representati	rive of a member	

Filing Fee: \$25.00