## LZICCO 466554

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A. BUTLER JAN 28 2022

## **COVER LETTER**

Division (	Corporations
SUBJECT:	WAVE CRIST PRISSORE WASAI'NY 11C Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	DENKIS ALBERTO
	Name of Person
	Firm/Company
	Firm/Company
	18434 Thomas BluD
	Address
	Husban RC 34647
	Horlson FC 34647  City/State and Zip Code  Dennis HIII7 (2) 161001, Com
	E-mail address: (to be used for future annual report notification)
For further informa	ion concerning this matter, please call:
DENNIS LEC	Area Code Daytime Telephone Number
ι	ine of reison Atea Code Daytine respirate Number
Enclosed is a checi	for the following amount:
\$\$ \$25.00 Filing	ce
<u>Mailing /</u> Registra	Idress: Street Address: ion Section Registration Section

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

Registration Section

TO:

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

	Nushing LC  ny as it now appears on our records.)  1. 1.
(A Florida Limited L	ny as it now appears on our records.) $t_i$ , $t_j$ , hability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 210</u> 06466584	were filed onOC1_Z7;;20Z/ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
WAVE CREST SOLUTIONS L	240
The new name must be distinguishable and contain the words "Limited Liabiti	ity Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	1917 / 7/2 / 4 / 7/2
Principal office address MUST BE A STREET ADDRESS)	18434 Thomas BluD NUDSON FC 34667
	NUDSON 16 39661
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	N/4
	iddress on our records, <u>enter the name of the new re</u>
	iddress on our records, enter the name of the new re
gent and/or the new registered office address here:	N/A
Name of New Registered Agent:	Enter Florida street address
	N/A

Thereby 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 Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
		□Remove	□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)