(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer	
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Office Use Only



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DEC 08 2021

I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 285547 7161432

AUTHORIZATION : Smell Class

COST LIMIT : \$\sqrt{25.00}

ORDER DATE: December 7, 2021

ORDER TIME : 10:50 AM

ORDER NO. : 285547-005

CUSTOMER NO: 7161432

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## DOMESTIC AMENDMENT FILING

NAME: WAVE RIDING STABLES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

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

	WAVE RIDING STABLES I	LLC	
(Name of the Lin	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Florida document number L21000506916	Liability Company were filed on	November 22, 2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:		20211
Principal office address MUST BE A STRE	ET ADDRESS)	·-·	
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:		ar records, enter the name	of the new regis
New Registered Office Address:	16910 Silver Oak Circle		
New Registered Office Address.	linter	Florida street address	· · · · · · · · · · · · · · · · · · ·
	Delray Beach	, Florida <sup>334</sup>	45
	City	,	Zip Code

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
MGR	Robert Fensterman	16910 Silver Oak Circle	□Add
		Delray Beach, Florida 33445	□Remove
			■Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable stratutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State is records.  The effective date on the earlier of: (b) The 90th day after the red is filed.  Signature of a member or authorized representative of a member.  Robert Fensterman  Typed or printed dates of signee.	ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00