L 22000313691

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11/27/23--01026--016 **25.00

2023 NOV 27 PH 5: 11

C/ 12/8/2023

COVER LETTER

TO:

Registration Section

Division of Corporations			
BLUE WA	AVE RENTALS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Luis Flores		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	<u> </u>
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		(to be used for future annual report not	iffication)
For further information of	concerning this matter, please c	all:	
e/o ZenBusiness INC		844 493-6249 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023107.27 PH 5:11

BLUE WAVE RENTALS LLC		
(<u>Name of the Limited L.</u> (A F	iability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
he Articles of Organization for this Limited Liabil		07/14/2022 and assigned
lorida document number 1.22000313691	·	
his amendment is submitted to amend the following	ufi:	
A. If amending name, enter the new name of the	e limited liability company here:	
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 A	DDRESS)	
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		•
B. If amending the registered agent and/or regis- agent and/or the new registered office address be		nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
_	City	Zin 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 Auth6cized 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	Joyal Ventures	4015 Vasco Street	□Add
		Punta Gorda, FL 33950	≡ Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the I	date of filing:
f the record specifies a delayed effecti ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2023
/s/ JOYAL,	AICHELE A
	Signature of a member or authorized representative of a member
JOYAL, MICHELE A	, Member
	Typed or printed name of signee