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COVER LETTER

Registration Section

Division of Corporations

TO:

SoftwaveSTRONG Regenerative, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Poolos Name of Person SoftwaveSTRONG Regenerative LLC Firm/Company 3172 Kernan Lake Circle Address Jacksonville, Florida 32246 City/State and Zip Code mark@softwavestrongregen.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Poolos Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & Z \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SoftWaveStrong Regenerative, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company	ears on our records.) /)
The Articles of Organization for this Limited Liability Company were filed on _	0101/2000
Florida document number 1 (2) (2) (2) (2) (2) (2) (2) (2) (2)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
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	(N) (D)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
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	· -
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida street address
	, Florida
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 Registered 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>	<u>Address</u>	Type of Action
AMBR	Gail N. Terrell	5520 Buck Hollow Drive	≡ Add
		Alpharetta. Georgia 30005	□Remove
			□Change
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