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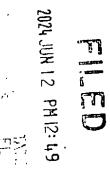
(Requestor's Name)
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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			•	
		NE CORP LLC	•	•	
SUBJE	ECT:	Name of Lim	aited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		TRAN, CAO HAI TRIEU			
			Name of Person		
			Firm <sup>2</sup> Company		
				· .	2024
			Address		Z .
		6301 GAMBLE DRIVE		· 	2024 JUN 12 FM 12: 49
		ORLANDO, FL 32818	City/State and Zip Code		2 17 18 18 18
			to be used for future annual report not	ification)	64:
For fur	ther information c	oncerning this matter, please c	eall;		
TRAN	, CAO HAI TRIE	υ	321 300-8734 at ( )		
-	Name o	f Person	Area Code Daytin	ne Telephone Number	<del></del>
Enclos	ed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy
	Mailing Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Cor	rporations		
	P.O. Box 632 Tallahassee.		The Centre of 7 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company : (A Florida Limited Liab	is it now appears on our records.)	
he Articles of Organization for this Limited Liability Company were filed on 12/14/2022 lorida document number L22000525320		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
RENDWAVE GLOBAL LLC		
ne new name must be distinguishable and contain the words "Limited Liability on the new principal offices address, if applicable:	Company," the designation "LLC" or the	2024
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		2 PH 12:149
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Florida	

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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			□Remove
			Change
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	f other than the s listed, the date must inserted in this blo	t be specific and cam	the applicable	nc of filing or mor statutory filing	e than 90 days after	<b>onal)</b> r filing.) Pu s date wil	rsuant to 6 I not be I	505.020 isted as
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If an effective date in Note: If the date document's effect erecord specifies and is filed.	a delayed effective						•	
If an effective date is Note: If the date document's effect erecord specifies rd is filed.							·	

Filing Fee: \$25.00