Division of Corporations

H24000043097 3

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(((II24000043097 3)))



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Division of Corporations

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From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (844)449-3624

\*\*Enter the email address for this business entity to be used for future

\*\*Pannual report mailings | Fotos only | 100 ≌annual report mailings. Enter only one email address please.\*\* Email Address:

≈# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROLLING WAVES WELLNESS LLC

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H240

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H240000430973

## • ARTICLES OF ORGANIZATION OF

Rolling Waves Wellness LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000019189</u>	were filed on 01/09/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	LC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		TAC
(Principal office address MUST BE A STREET ADDRESS)		λ
		ASSET
Enter new mailing address, if applicable:	1017 Bowling Green Trl	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Chesapeake, VA 23320	23 23
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>en</u> t	ler the name of the new registered
New Registered Office Address:		
	Enter Florida street ada	tress
	City.	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	217	<i>m</i> <sub>1</sub> •••••
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
H Chan	ging Registered Agent, Signatu	re of New Registered Agent

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31/24 01:55PM .5125970678 18506176383 Pg 3/4
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>	Name	Address	Type of Action
AMBR	Brittany Bergens	688 North 7th Street APT 409	
		San Jose, CA 95112-5066	≣Remove
			□Change
AMBR Brittany McGee	Brittany McGee	1017 Bowling Green Tri	<b>≣</b> Add
		Chesapeake, VA 23320	
			_
			□Add
			□Remove
			□Change
		<del></del>	[]Add
			□Remove
		<del></del>	□Change
		···	□Add
			□Remove
			□Change
			[]Add
		<del></del>	□Remove
			[]Change

D. If amending any other informati	on, enter change(s) here:	: (Attach additional sheets, if r	necessary.)
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	<del> </del>		
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41	<del></del>		
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	se specific and cannot be prior to the does not meet the applicab	o date of filing or more than 90 days a	fler filing.) Pursuant to 605,0207 (3)(
f the record specifies a delayed effective ecord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated	. 2024		
/s/ Brittany McGee			
Š	ignature of a member or author	ized representative of a member	
Brittany McGee			
	Typed or printed	name of signee	

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