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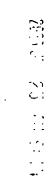
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Sunwave V	vorks LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raymond F	Farou Li Name of Person	
	MERT	Trust Firm/Company	
	2357 - 3	Tamiani trl 115	8
	Venice	FL 34293	os Cal
	E-mail address: (1	City/State and Zip Code Adi Chocin no vation to be used for future annual report notification	ns · com
For further information co	oncerning this matter, please ca		
Raymon d Name of	Faroudi Person	at (941) 735 - Area Code Daytime Tele	9843 =
Enclosed is a check for th	e 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 S		Street Address: Registration Section	1
Division of C	orporations	Division of Corpora	tions
P.O. Box 632	1	The Centre of Tallah	nassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	rKS LC C	
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number 123000144070.		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	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2357-3 Tamian Venice, FL 34	293
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter 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 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	MER Trust	2357 Tamiami trail st. #18 verice, FL 34293	_ [JAdd
			_ □Remove
			_ □Change
MBR	Mark Faroudi	509 Devon Pl. Lake Mary, FL 32741	<u> </u>
			_ ZRemove
			⊇ □ Change
		<u> </u>	_ ⊡Add
			_ □Remove
			_ ⊡€hange
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ Remove
			_

we are	removing manager of the ne	Mark	Farouc	l, as the	<u>ئ</u> . ا	
current	manager of	= the L	LC and	adding	ME	R
Trust as	; the ne	W Man	ager.			
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fective date, if other (than the date of fili	ng.		10	ptional)	
n effective date is listed, th	e date must be specific a	nd cannot be prio	to date of filing o	r more than 90 days	after filing.) l	
ote: If the date inserted cument's effective date				ing requirements	, mus date w	an not be listed as tr
ecord specifies a delayed is filed.	d effective date, but no	ot an effective t	ime, at 12:01 a.r	n. on the earlier o	f: (b) The	90th day after the
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ited	23	_,	· ·			
<u> </u>		0 0				
	/] //					
	Signature of	a neember or auth	orized representat	ive of a member		

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