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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: WAVE Wane of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Rennie S	Hennett Name of Person
Maya Way	E LLC Firm/Company
119 Ocear	Lay Way
Hypoluxo F	L 33462 City/State and Zip Code
Kavahavel E-mail address:	to be used for future annual report notification)
For further information concerning this matter, please c	all:
Rennie Stennett Name of Person	at (56) 542 - 3967 iii co
Enclosed is a check for the following amount:	
\$25,00 Filing Fee Certificate of Status	□ \$55.00 Filing Fee & □ \$60,00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hava have LLC (Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number 12300186281 .	111110007		
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 Liab	oility 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)	527 N Dixie Hwy Lake Worth FL 33460		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	527 N Dixie Hwy Lake Worth FL 33460		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent: Renn	ie Stennett		
New Registered Office Address: 527	N DIXIC HWY Enter Florida street address		
Lahe	WORL Florida 33460 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>	Address	Type of Action
AMBR	Divina Cano	Address 527 N Dixie Hwy, Lake Wol	An JEAdd
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