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COVER LETTER

	stration Se ion of Cor	ection porutions			
SUBJECT:	Softwaves	USA LLC			
SUBJECT: _		Name of Lir	nited Liability Company		
The enclosed /	Articles of	Amendment and fee(s) are sui	bmitted for filing.		
		ondence concerning this matter	•		
		Ronald Jacobson			
			Name of Person		
		Softwaves USA LLC			
			Firm/Company		
		32785 Sunny Parke Dr.			20 7
			Address		23 O
		Fernandina, FL 32034			
			City/State and Zip Code		
		softwavesus@gmail.com			기계 물
For further into	ormation co	E-mail address: oncerning this matter, please e	(to be used for future annual report notifical):	cation)	2023 OCT -5 PH 3:5 SECRETARY OF STATE TALL AND SECRETAR
Ronald Jacobs		,	904 415-5009		; , ;
	Name of	Person	at (Telephone Number	
Enclosed is a cl	heck for th	e following amount.			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified (of Status &
	ig Address stration S		Street Address:	ion	
_		orporations	Registration Sect Division of Corpo		
	Box 632	7 TL 32314	The Centre of Ta	llahassee	0
i ailai	nassce, r	L 32314	2415 N. Monroe	Street, Suite 81	U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Softwaves USA LLC					
(Name of the	Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 04/28/2023 Florida document number L23000210767					
This amendment is submitted to amend the	following:				
A. If amending name, enter the new nam		company here:			
			202 SE		
The new name must be distinguishable and contain t	he words "Limited Liability C	ompany," the designation "LLC" or t	re abbreviation 1 C 2		
Enter new principal offices address, if ap	olicable:				
Principal office address MUST BE A STR	FET ADDRESS		75 1 35		
SE MOST DE ASIA	<u>EEI ADDRESS)</u>				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			710 W 19		
inter new mailing address, if applicable:			<u> </u>		
<u> Aailing address MAY BE A POST OFFIC</u>	F ROY				
	<u></u>				
If amending the registered agent and/or ent and/or the new registered office add	r manistra de la com				
ent and/or the new registered office add	ress here:	ss on our records, <u>enter the n</u> a	me of the new register		
Name of New Registered Agent:	Ronald Jacobson	_			
New Registered Office Address:	32785 Sunny Parke D	r.			
	·	Enter Florida street address			
	r. u				
	Fernandina		2024		
w Registered Agent's Signature, if changing	Cu	, Florida ²	2034 Zip Code		

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>	Name	Address	Type of Action
AMBR	Marcelo Santos	32785 Sunny Parke Dr. Fernandina, FL 32034	a Add
		7901 4TH ST N STE 300 ST. PETERSBURG, FL 3.	
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ffective date, if other than than effective date is listed, the date mote: If the date inserted in this occurrent's effective date on the	ust be specific and cannot b block does not meet the	pe prior to date of filing or r	(optional) more than 90 days after filing.) Pursua ng requirements, this date will no	ant to 605.02 of be listed
record specifies a delayed effect is filed.	ive date, but not an effec	etive time, at 12:01 a.m.	on the earlier of: (b) The 90th	day after th
ated July 21	2023	·		
ated	\wedge			

Filing Fee: \$25.00