L23000252983

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THE PLANTE

MY

COVER LETTER

Div	rision of Corp	porations		
SUBJECT:		n Wave LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspor	ndence concerning this matter	to the following:	
		Janet L Krein		
			Name of Person	
		Rejuvenation Wave LLC		
			Firm/Company	
		17527 Promenade Drive		
			Address	•
		Clermont, Florida 34711		
			City/State and Zip Code	
		janetlkpac@gmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further i	nformation co	neerning this matter, please ca	all:	
Janet L Krei	in		719 429-8791	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 l	Filing Fcc	☐ \$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)

Registration Section

TO:

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

Rejuvenation Wave LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number L23000252983	y were filed on May 23, 2023		and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abb	oreviation "L.L.C."	
Enter new principal offices address, if applicable:			<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			£	
		,		
Enter new mailing address, if applicable:		•	= -	
•		•		
Mailing address MAY BE A POST OFFICE BOX)			. 2 	
			<u> </u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	nter the name	of the new registe	
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 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>	<u>Address</u>	Type of Action
MGR	Janet L. Krein	17527 Promenade Drive Clermont FL 34711	🖺 Add
			□Remove
			□Change
			□Remove
			□Remove
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ective date, if other than the	date of filing:		(optional))
effective date is listed, the date mule: If the date inserted in this b	st be specific and cannot be pr	ior to date of filing or mo	re than 90 days after filing) Pursuant to 605.020
ument's effective date on the D	epartment of State's recor	ds.	•	
cord specifies a delayed effective	e date, but not an effective	e time, at 12:01 a.m. c	n the earlier of: (b) The	ne 90th day after the
s filed.				
ed	2023			
co	,	·		
() with	1 Vini			
	Signature of a member or au	nthorized representative	of a member	·
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