

L23000274838

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FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST WAVE INVESTMENT GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL JEAN VAN VELKINBURGH  
Name of Person

FIRST WAVE INVESTMENT GROUP LLC  
Firm/Company

3107 BLUE HERON ST.  
Address

SAFETY HARBOR, FL 34695  
City/State and Zip Code

firstwaveig@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA KLETNIEKS at (610) 844-2601  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FIRST WAVE INVESTMENT GROUP L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 06, 2023 and assigned  
Florida document number L23000274838

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIRST WAVE INVESTMENT GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3107 BLUE HERON ST.

SAFETY HARBOR, FL 34695

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3107 BLUE HERON ST.

SAFETY HARBOR, FL 34695

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KRISTINA HELFERTY, CPA

New Registered Office Address:

2715 Cypress Drive

Enter Florida street address

Clearwater

City

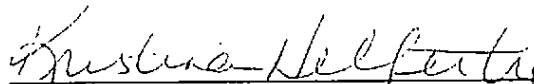
, Florida

33763

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>	<u>Type of Action</u>
AMBR	Sandra Kletnicka	3107 Blue Heron St	<input type="checkbox"/> Add
		Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carol J Van Velkinburgh	P.O. Box 8114	<input type="checkbox"/> Add
		St Petersburg, FL 33738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Coastal Wave	3107 Blue Heron St	<input checked="" type="checkbox"/> Add
	Investment Group LLC	Safety Harbor, FL 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TPI FL LLC	11525 199th Terr	<input checked="" type="checkbox"/> Add
		Largo, FL 33778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

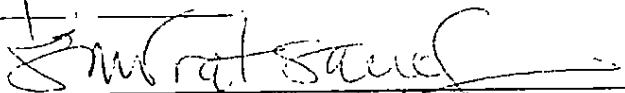
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEB 23, 2024



Signature of a member or authorized representative of a member

SANDRA VRATSANOS

Typed or printed name of signer

Filing Fee: \$25.00