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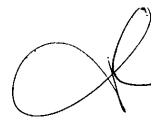
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L. WICKAM [Person
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Cita, FL 32404
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51 805-5611 Daytime Telephone Number
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Filing Fee & ed Copy nal copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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

Making Wa	ves Home Team. PLLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) [Liability Company)
(Name of the Limited Liability Companies) The Articles of Organization for this Limited Liability Companies Florida document number	. ∵
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4806 Standing Cypress Drive Panama city, FL 32404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Panama City, FL 32404
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:	Matthew Lec wickers 4806 Standing Cypress Drive
New Registered Office Address:	Enter Florida street address
	Panama C:+1 Florida FL, 32404 City Zip Code
	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>	Address	Type of Action
			□Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier of; (b) The 90th day after the
med January 22 ad 2024.	

Typed or printed name of signee