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SECRETARY OF STATE
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FILED 2024 JUL 26 PM 2: 1

COVER LETTER

TO: Registration Security Division of Corp			
	wes Movement LLC		
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Amy Mae Murry Garcia		
		Name of Person	
	Mindful Waves Movemen	LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	14191 Georgian Circle, Ap	pt. 103	
		Address	
	Fort Myers FL 33912 Unit	ed States	
		City/State and Zip Code	
	mindfulwavesmovement@g	gmail.com to be used for future annual report no	
For further information co	oncerning this matter, please ca	·	uncauon)
Amy Mac Murry Garcia		727 2676720	
Name of	l'Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e 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 S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TU ARTICLES OF ORGANIZATION OF

Mindful Waves Movement LLC					
(Name of the Limited Liability Company (A Florida Limited Lia	as it now an bility Compa	ny)	cords.)		
The Articles of Organization for this Limited Liability Company we Florida document number L23000545296. This amendment is submitted to amend the following:	ere filed on	December 11	1th, 2023	and assigned	
A. If amending name, enter the new name of the limited liabili	iability Company," the designation "L.L.C."				
The new name must be distinguishable and contain the words "Limited Liability	y Company,"	the designation	"LLC" or the abb	reviation "L.L.C."	-
Enter new principal offices address, if applicable:				<u> </u>	_
(Principal office address MUST BE A STREET ADDRESS)					gistered
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adapent and/or the new registered office address here:	idress on o	our records, <u>e</u>		6 PI 2 L	三] う - : <u>red</u>
Name of New Registered Agent:	Moe	Morry	Garcia		-
New Registered Office Address:	Ente	r Florida street a	ukdress	- <u> </u>	-
	Ciņ		_, Florida	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of the change has been positived in writing of this change.	performant rovided for	ce of my dutic r in Chapter (es, and I am fo 605, F.S. Or, i	uniliar with and if this document is	

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If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Army Mee Murry Garcia		
			Петоve
			A Crawte
		·	□ Remove
			□Remove
			Change
			□Remove
. *		•	□Change
			□ Add
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			DCtrange
			
			□Remove

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Previous Name on Record: An	ту Мае Мшту		
New Legal Name: Amy Mac !	Aurry Garcia	-	
Marriage Cert. & copy of SSA	legal name change, enclosed	n envelope	
	· – ,.		
			
 			
			
			
Tective date, if other than the meffective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applicable	kite of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursusnt to 605.0 ents, this date will not be liste
record specifies a delayed effective is filed.	date, but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90th day after
April 29th	2024		
-	4Mbellown Corcia		

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